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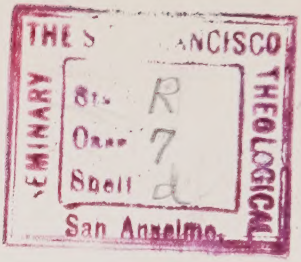
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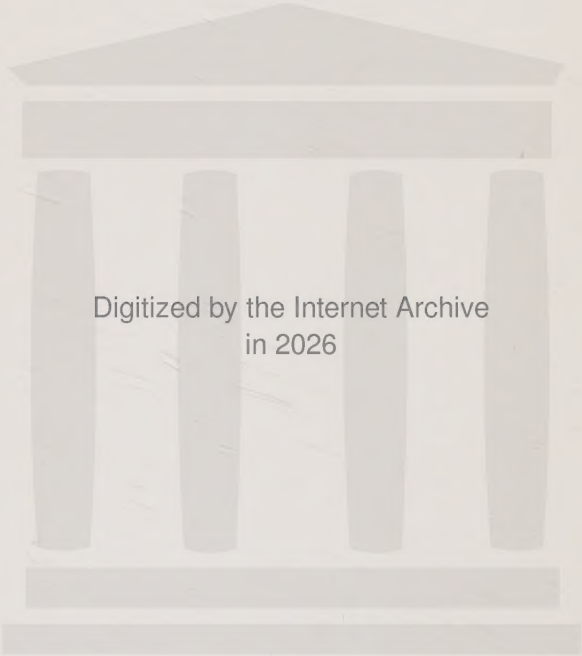
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THE
APPEAL OF MEDICAL MISSIONS

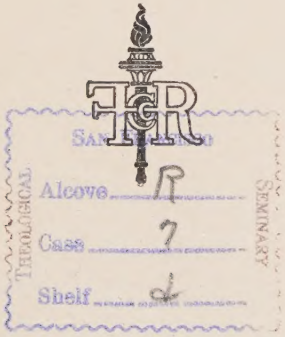
THE APPEAL OF MEDICAL MISSIONS

BY

R. FLETCHER MOORSHEAD, M.B., F.R.C.S.

SECRETARY TO THE MEDICAL MISSION AUXILIARY OF
THE BAPTIST MISSIONARY SOCIETY AND
BAPTIST ZENANA MISSION

WITH INTRODUCTION BY
SIR ANDREW FRASER, K.C.S.I., LL.D., D.LITT.



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To the Beloved Memory of

H. STANLEY JENKINS, M.D. (Lond.), F.R.C.S. (Eng.)

and

CECIL F. ROBERTSON, M.B. (Lond.), F.R.C.S. (Eng.)

who, after rendering

distinguished, successful and unsparing service

to the work of medical missions in inland China

and displaying to all who knew them

noble, unselfish and spiritual characters,

died at Si-an-fu, Shensi,

in the pursuit of their duty, from typhus fever

in the spring of 1913

this book is

affectionately dedicated

FOREWORD

The following pages represent a humble attempt to restate the case for Medical Missions, and supply to the Christian public the main considerations upon which the enterprise is based, and from which its appeal is made to the heart and conscience of the Home Churches. In no way is it claimed that what has here been written constitutes anything more than a general survey of the subject. The dominant idea in the mind of the author has been to bring home to the Christian consciousness of the Homeland an enhanced conception of the need, value, and importance of Medical Missions in the spread of the Gospel. In consequence many aspects of the work have been dealt with in outline rather than in detail, and certain phases of Medical Missions possessing more technical than popular interest have been little more than mentioned. If it should be found that these pages serve any useful purpose as an introduction to a fuller grasp of the significance of Medical Missions, then it is hoped that those interested will seek further information from the writings of Medical Missionaries and other experts on the subject.

In many cases throughout the book, references to medical missionaries are to be read as applying to both sexes equally.

The author is greatly indebted to Dr Percy J. F. Lush, Chairman of the Medical Mission Auxiliary Committee of the B.M.S., to Dr E. H. Edwards,

and Dr Harold Balme (of China), and to Dr J. W. Ballantyne, Ex-President of the Edinburgh Medical Missionary Society, for invaluable suggestions in the preparation and revision of the manuscript, and for corrections of the proof. To each of those named he would tender his most grateful thanks, as also to Sir Andrew Fraser, K.C.S.I., for the very kind way in which he consented to write the introductory note.

19 Furnival Street,
Holborn, London, E.C.,
July 1913.

INTRODUCTORY NOTE

By Sir Andrew Fraser, K.C.S.I., LL.D., D.Litt.

I have much pleasure in accepting the invitation to write a preface to Dr Fletcher Moorshead's work on Medical Missions. My service under the Crown in India for thirty-seven years, and the fact that not only my interest in the work, but the duties of several of the appointments which I successively held, in charge of Districts, Divisions, and Provinces, led me to see much of Medical Mission work, seems a sufficient excuse for my pressing Dr Moorshead's appeal on the attention of those interested in the cause of humanity, and in the extension of the Kingdom of Our Lord and Saviour.

The Lord Jesus Christ Himself healed the bodily diseases of men, while He preached the Gospel of the Kingdom; and He used His healing power in illustration and in commendation of His Father's love. In this, His servants in our Medical Missions follow his example, and imitate His practice. As He reached with His Gospel the grateful hearts of the sufferers whom His power had restored to bodily health, so His servant, trusting to His promised help and blessing, preaches the glad tidings to those whom his medical skill enables him to relieve.

The need and the opportunity for medical work in non-Christian lands cannot be over-estimated. Any man who has any experience of the want of medical skill in many parts of the field, and of the great suffering that often calls in vain for relief, must have his heart

touched, so that he earnestly longs and prays for effective help. I desire to give my strongest testimony —the testimony of a man whose experience gives him a claim to be heard—in favour of the urgency of the call made on the Churches at home for medical missionaries.

I desire also to emphasise strongly the necessity for making Medical Mission work as effective as possible. Well-trained, thoroughly educated missionaries are required. Every effort should be made to train and employ native agency; but for a long time to come the responsibility for supervising and directing, and even for doing, the work must rest on men thoroughly trained at home. This training should be the best obtainable in ordinary medicine and surgery, and also in post-graduate work and research. The Medical Missionary should be a keen and capable doctor. He ought to be thoroughly versed in the language and dialects of his field of labour, so as to reach the minds and hearts of those among whom he works. And he ought to be effectively equipped with a good hospital the best instruments for medical work (including research), and an efficient staff. Inferior work tells against the cause; and the work should be the best possible. It is most desirable that the Medical Missionary should not be alone. To enable him to tour throughout his district, or to take necessary leave, and to do adequate evangelistic work, he requires a colleague. He requires a colleague also to share responsibility with him, and to prevent, as far as possible, his overworking himself in the midst of the pressing calls upon him. Many regrettable resignations of Medical Missionaries, owing to ill-health, might have been obviated, if this consideration had not been forgotten.

The Medical Missionary must also be an enthusiastic

evangelist, a humble believer in the power of God unto Salvation, and possessed of an earnest desire to commend the Lord Jesus to sinful men. He must never forget that he is an evangelist. It is the will of Our Father in Heaven that the infirmities and sicknesses of men should be relieved. It is certainly not less in accordance with His will that they should come to the knowledge of the Truth and know God in Christ. To this end the Medical Missionary should be trained in mission work at home. And to this end also he should not be overtaxed on the mission field. He should come to the field trained in spiritual work; and he should have full time and opportunity for evangelistic work. There are excellent opportunities now for mission work at home. My experience on the Board of the Edinburgh Medical Missionary Society, since my return from India, enables me to speak with confidence on this point. It is a fine thing to have earnest Christian members of the medical profession, like Sir Alexander Simpson, Dr Ballantyne (the late President of the Board), his distinguished successor, Emeritus Professor Crum Brown, and others, interested in Medical Mission work, and giving so much of their energies to it.

In conclusion I should like to say again how strongly I feel that the Medical Missionary's work must be of the highest possible excellence. To this end I should be inclined to advocate concentration, if this is necessary to secure adequate equipment. It is easy to understand how the prevailing and urgent need may lead to dissipation of agency and effort. But it is essential that all work done should be effective; and the help of those who love the Lord Jesus and have money to spare is urgently required.

A. H. L. FRASER.

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THE APPEAL OF MEDICAL MISSIONS

CHAPTER I

THE CHARACTER AND PURPOSE OF MEDICAL MISSIONS

"Christianity never ignored any part of man's nature. From the first it was a Gospel to the whole man, body and spirit. It is in the very nature of Christianity and is the very essence of its message."—THE LATE DR SYDNEY R. HODGE.

MEDICAL MISSIONS may be defined as that section of the missionary enterprise of the Christian Church which seeks to spread the knowledge of "The glorious Gospel of the Blessed God" through the healing of the sick. They are essentially an agency that exists for the promotion of the Kingdom of Jesus Christ amongst the souls of men, and therefore its purpose is fundamentally evangelistic. All else is but means to the one great end, and it is of the highest importance that the remembrance of that goal should be kept constantly in mind.

But while this is so, it is equally necessary that the distinctive character of this branch of evangelisation should be clearly recognised. The work of Medical Missions is not a form of mission work in which the proclamation of the Gospel has, as a mere accompaniment, the treatment of bodily ailments. It is essentially a twofold work the constituent parts being blended into one harmonious whole, of which it may be said that it

is no crude mechanical mixture, but rather a scientific compound of the alchemy of faith. This is a cardinal principle which requires to be grasped from the first in order to arrive at a right appreciation of the enterprise. It is that which confers upon Medical Mission work its special value and significance in the forces of Christian Missions, and enables it to discharge its particular functions in the spread of the Gospel. Once allow the medical side of the work to drift into a side channel, and to be regarded as an aspect of the work which can be carried on apart from and by different hands to the distinctively evangelistic aspect, and Medical Missions have lost the attribute which gave to them their special place and power in the missionary campaign. The key-stone of the whole scheme is the vital bond of union which connects the two sides of the work, and constitutes its particular value in the presentation of the Christian Gospel.

From the foregoing it will be quickly realised that the successful prosecution of Medical Missions presupposes and necessitates, as far as the human side is concerned, all the knowledge and qualities that are required in skilled physicians and surgeons, *combined with* the gifts and training which are called for in those whose predominant passion is to make known Jesus Christ, and win people to a faith in Him. This aspect of our subject will be more fully dealt with in a later chapter, but we draw attention to it now in order to emphasise the essential character of the work, and the organic unity which is the mainspring of the enterprise. Let that be truly recognised, let it be seen that we have here to deal with a method that embodies the combination of medical and evangelistic capabilities in one unique blend, and an adequate conception of what Medical

Missions are, will at once present itself to the mind, and captivate the heart by its grand possibilities. No more will Medical Missions appear as a useful appendage or as an optional department of a Mission, but rather will they assume their rightful place in the vanguard of the forces of the Gospel.

It is, however, in the remarkable comprehensiveness of their adaptation to the needs of fallen humanity that Medical Missions may perhaps be held to display their most striking characteristic. It is not to one part of human nature simply that they have an application. They touch the whole of human need. To the dead soul, waiting for the message that alone can bring it life; to the obscured mind, needing the illumination that the knowledge born of Christianity can afford; to the diseased body, stricken with the ravages of unchecked sickness;—to all these, Medical Missions bring something that spells help and healing. Their ministry is to "man as man." Their interpretation and presentation of the Gospel are so designed that no son or daughter of the race can fail to appreciate the breadth of their sympathy and the largeness of their purpose. Truly we may speak of this work as the very instinct of humanity impregnated with the spirit of Jesus Christ.

And when we reflect upon it, is not this that for which the world waits and yearns? For centuries it has been addressed in words, even to the extent of being confused by the arguments of differing creeds, while all the time there has been lacking that practical demonstration of the Gospel of Love which is embodied in Medical Missions. It is not that there has been too much preaching, but rather too little attention to the evident physical needs of humanity. In the paramount necessity for saving men's souls, there has been a strange forgetful-

ness of the fact that while he is a soul, man has also a body. And thus it has come about that again and again the appeal of the Gospel has fallen upon deaf ears, or has seemed to many to be a message which had only a reference to the life that is to come, and none to the physical sufferings of the life that is now. It is therefore the grand function of Medical Missions to correct this mistaken view, and by their gracious healing ministry to add fresh glory to the crown of the world's Redeemer.

How then shall we describe the *purpose* of this beautiful, Christ-like ministry? It may be said that Medical Missions have a three-fold purpose, each strand of which is woven into the very texture of the enterprise, knitting the whole into one noble endeavour for God and humanity. In the first place *it is the purpose of Medical Missions to introduce into Modern Missions the spirit of Divine Compassion, and emphasise the fact of a common kinship in the great human family.* Of all forms of mission work Medical Missions may claim to exhibit that pitying, tender concern for sufferers everywhere that found its highest representation in our compassionate Saviour. Their inclusion amongst the agencies of missions exemplifies the fact that the religion of Jesus Christ cares for men when they are crushed, men when they are stricken with pain and disease, men when they are brought low and their worth to the world is but a cypher. Medical Missions extend a hand to men when they are in need of succour. They redeem missions from the charge of turning a deaf ear to the present sorrows of the race, and show that of all men the Christian is one whose creed teaches "Thou shalt love thy neighbour as thyself." Medical Missions take the parable of the Good Samaritan and seek to carry

out its moral to the "wounded man" of to-day. They know no distinction of race or creed, colour or sex or age, and by their merciful ministry in lands afar, as well as in lands near, they bring home to this severed and disjointed age the existence of a common humanity.

But this is not all. It is indeed but the beginning, and in the second place we find that *the purpose of Medical Missions is to pave a way for the Gospel to the human heart.* To exhibit mercy and show compassion is sublime. It is esentially a ministry emanating from the Divine Being who is Love. But it may begin and end in pure philanthropy, and have no direct connection with the spread of the Gospel, with which Medical Missions are inseparably bound up. The purpose of Medical Missions is therefore but scratched on the surface when we have exhausted their service in relieving bodily suffering. It is necessary that we go deeper, and find, as we manifestly do, that Medical Missions have a direct, purposeful bearing upon the furtherance of the Gospel. Here we come closely into touch with some of the most essential elements in the combination of Healing and Preaching. It has been seen already that those twin ministries are indissolubly bound up in the enterprise of Medical Missions. We now see why there is that union, viz., that the one may prepare the way for the other, that the lesser may serve the greater, that the way to the soul may be paved through the service rendered to the body. Yes, it is here that Medical Missions find one of their crowning glories—to win a path for the message of Salvation right into the citadel of the human heart: to constrain, through their active sympathy, even the indifferent and the hostile to listen to the words of Redeeming Love:—all this

and much more enters into this aspect of the purpose of this wonderful ministry, and discloses the Gospel character of its aim. If, then, the first strand in the fibre of its purpose is noble and glorious, how much more the second?

Yet even this has not disclosed the finest element in the governing impulses of this holy service, and we have to go one step farther before we have reached the zenith of its ideals.

To the glory of God be it said in the third place *that it is the purpose of Medical Missions to save souls.* Not in merely showing forth the spirit of Christianity and in leading men to hear its message, but in definitely winning their souls for Christ is the supreme purpose of Medical Missions achieved. Satisfaction with any lesser goal would betray an inconsistency in the all-inclusive character of the enterprise. If Medical Missions are what we have seen them to be, then it is evident that they must find their highest aim and loftiest passion in the salvation of souls. For that every nerve must be strained. Towards that every lesser element in their purpose must be directed. Medical Missions are not only, or chiefly, a means to an end. They are of necessity the natural manifestation of a Gospel which is not partial, but complete; and which establishes a point of contact with the whole being of man. And inasmuch as the spiritual part of human nature is the eternal, and the most needy, this comprehensive ministry can know no rest until the thraldom of sin has been broken in the individual soul.

It is here that Medical Missions establish their consanguinity with every other evangelistic effort, and prove their right to hold a prominent place in the missionary army. The quickening of immortal spirits,

the rescuing of souls from the drifting sea of this world's sin and sorrow, the healing of spiritual disease by the balm of the Great Physician, all find a foremost place in the purpose of Medical Missions. Can there be any work more applicable to the all-round needs of humanity than this? Is there anything more calculated to win by the greatness of its purpose the devotion of the saint, and the love of the sinner?

We therefore commence the study of a subject which has important bearings upon the evangelisation of the world. Medical Missions obviously possess qualities that claim more than a passing thought from the student of Christian Missions. Their whole character indicates how needful is the contribution they can make to many of the pressing problems of the Church's work. And as we subsequently consider in detail the various aspects of Medical Missions, our hope is that to not a few the vision of opportunity will become the call to service.

CHAPTER II

THE ORIGIN AND AUTHORITY OF MEDICAL MISSIONS

"Leaving us an example, that ye should follow his steps."—1 Peter ii. 21.

"God had an only Son, and He was a Missionary and a Physician."—Dr David Livingstone.

It is the genius of Christianity that its inspiration comes not from a creed, but from a Person, and that its dynamic is the life and death of a Divine Saviour who came on earth that He might establish a new and spiritual Kingdom. It follows, therefore, that His example and life of service must ever stand out as the supreme pattern for those who become His professed followers, and who call themselves by His name. Here, if anywhere, must be found that scheme and type of Christian living and serving to which He has summoned each of His disciples.

Now to no branch of Christian effort does all this more apply than to the work of Foreign Missions, in which considerations of method and selection of plans of working are essential for the successful achievement of the enterprise. Concerned as is the Foreign Missionary with the carrying of the Gospel into lands where it has not been before, and amongst peoples, many of whom are not responsive to the message, the nature of his representation of the truth is one of primary importance. He rightly seeks to ascertain the best lines of attack that can be adopted in coming face to face with the citadels of non-Christian error and darkness. And it

will easily be seen that the most natural point to which such inquiry leads is the example of that Divine Prototype of all missionary labour, our Lord Himself. In other words the question, "What did Christ do?" constitutes the obvious prelude to the satisfactory answering of the question, "What should we do?"

We therefore propose to inquire what Our Lord's example has to teach concerning Medical Missions. Does it show that He employed the ministry of healing in His work amongst men, and thereby afford us Divine warrant for a similar work? Can the claim be established that Medical Missions have a Scriptural basis, or have we in this modern development of the missionary enterprise only a philanthropic by-product of the restless Christian activity of these later days? It is not too much to say that upon the answers to these questions our whole conception of Medical Missions must largely depend, and we therefore invite earnest attention to this profoundly interesting aspect of our subject.

In the first place it is suggested that there can be no better beginning to our present investigation than a consecutive reading of one of the Gospel narratives of the Life of Christ, underlining all the references to the healing of the sick. Inasmuch, however, as this may be difficult at the moment to some readers of this book, we give here a compendium of all the references contained in the Gospel by St Matthew.

Chapter iv. 23, 24.—"And Jesus went about all Galilee, teaching in their synagogues, and preaching the Gospel of the Kingdom, and healing all manner of sickness and all manner of disease among the people. And His fame went throughout all Syria: and they brought unto Him all sick people that were taken with divers diseases and torments, and those which were possessed with devils, and those

which were lunatic, and those that had the palsy; and He healed them."

Chapter viii. 2, 3.—"And, behold, there came a leper and worshipped Him, saying, Lord, if thou wilt, thou canst make me clean. And Jesus put forth His hand, and touched him, saying, I will; be thou clean. And immediately his leprosy was cleansed."

Chapter viii. 5-7, 13.—"And when Jesus was entered into Capernaum, there came unto Him a centurion, beseeching Him, and saying, Lord, my servant lieth at home sick of the palsy, grievously tormented. And Jesus saith unto him, I will come and heal him. . . . And Jesus said unto the centurion, Go thy way; and as thou hast believed, so be it done unto thee. And his servant was healed in the self-same hour."

Chapter viii. 14-17.—"And when Jesus was come into Peter's house, He saw his wife's mother laid, and sick of a fever. And He touched her hand and the fever left her: and she arose, and ministered unto them. And when even was come, they brought unto Him many that were possessed with devils: and He cast out the spirits with His word, and healed all that were sick: that it might be fulfilled which was spoken by Esaias the prophet, saying, 'Himself took our infirmities, and bare our sicknesses.'"

Chapter ix. 2-8.—"And, behold, they brought to him a man sick of the palsy, lying on a bed: and Jesus seeing their faith said unto the sick of the palsy; Son, be of good cheer; thy sins be forgiven thee. And, behold, certain of the scribes said within themselves, this man blasphemeth. And Jesus knowing their thoughts said, Wherefore think ye evil in your hearts? For whether is easier, to say, Thy sins be forgiven thee; or to say, Arise, and walk? But that ye may know that the Son of Man hath power on earth to forgive sins, (then saith He to the sick of the palsy,) Arise, take up thy bed, and go unto thine house. And he arose, and departed to his house. But when the

multitudes, saw it, they marvelled, and glorified God, which had given such power unto men."

Chapter ix. 18, 19, 23-26.—"While He spake these things unto them, behold, there came a certain ruler, and worshipped Him, saying, My daughter is even now dead: but come and lay thy hand upon her, and she shall live. And Jesus arose, and followed him, and so did His disciples. . . . And when Jesus came into the ruler's house, and saw the minstrels and the people making a noise, He said unto them, Give place: for the maid is not dead, but sleepeth. And they laughed Him to scorn. But when the people were put forth, He went in, and took her by the hand, and the maid arose. And the fame thereof went abroad into all the land."

Chapter ix. 20-22.—"And, behold, a woman which was diseased with an issue of blood twelve years, came behind Him, and touched the hem of His garment. For she said within herself, If I may but touch the hem of His garment, I shall be whole. But Jesus turned Him about, and when He saw her, He said, Daughter, be of good comfort; thy faith hath made thee whole. And the woman was made whole from that hour."

Chapter ix. 27-31.—"And when Jesus departed thence, two blind men followed Him, crying, Thou Son of David, have mercy on us. And when he was come into the house, the blind men came unto Him: and Jesus saith unto them, Believe ye that I am able to do this? They said unto Him, Yea, Lord. Then touched He their eyes, saying, According to your faith be it unto you. And their eyes were opened."

Chapter ix. 32, 33.—"And as they went out, behold, they brought to him a dumb man possessed with a devil. And when the devil was cast out, the dumb spake: and the multitudes marvelled, saying, It was never so seen in Israel."

Chapter ix. 35.—"And Jesus went about all the cities

and villages, teaching in their synagogues, and preaching the Gospel of the Kingdom, and healing every sickness and every disease among the people."

Chapter x. 1, 7, 8.—"And when He had called unto Him His twelve disciples, He gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease. . . . And as ye go, preach, saying, The Kingdom of Heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils: freely ye have received, freely give."

Chapter xi. 2-5.—"Now when John had heard in the prison the works of Christ, he sent two of his disciples, and said unto Him, Art thou He that should come, or do we look for another? Jesus answered and said unto them, Go and shew John again those things which ye do hear and see: the blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the Gospel preached to them."

Chapter xii. 10-13.—"And, behold, there was a man which had his hand withered. And they asked Him, saying, Is it lawful to heal on the Sabbath days? that they might accuse Him. And He said unto them, What man shall there be among you, that shall have one sheep, and if it fall into a pit on the Sabbath day, will he not lay hold on it and lift it out? Wherefore it is lawful to do well on the Sabbath days. Then saith He to the man, Stretch forth thine hand. And he stretched it forth; and it was restored whole, like as the other."

Chapter xii. 15.—"But when Jesus knew it, He withdrew Himself from thence: and great multitudes followed Him, and He healed them all."

Chapter xii. 22.—"Then was brought unto Him one possessed with a devil, blind, and dumb, and He healed him: insomuch that the blind and dumb both spake and saw."

Chapter xiv. 14.—"And Jesus went forth, and saw a

great multitude and was moved with compassion towards them, and He healed their sick."

Chapter xiv. 35, 36.—"And when the men of that place had knowledge of Him, they sent out into all that country round about, and brought unto Him all that were diseased; and besought Him that they might only touch the hem of His garment: and as many as touched were made perfectly whole."

Chapter xv. 22, 28.—"And, behold, a woman of Canaan came out of the same coasts, and cried unto Him, saying, Have mercy on me, O Lord, thou Son of David; my daughter is grievously vexed with a devil. . . . And Jesus answered and said unto her, O woman, great is thy faith; be it unto thee even as thou wilt. And her daughter was made whole from that very hour."

Chapter xv. 30, 31.—"And great multitudes came unto Him, having with them those that were lame, blind, dumb, maimed, and many others, and cast them down at Jesus' feet, and He healed them. Insomuch that the multitude wondered, when they saw the dumb to speak, the maimed to be whole, the lame to walk, and the blind to see: and they glorified the God of Israel."

Chapter xvii. 14, 15, 18.—"And when they were come to the multitude, there came a certain man, kneeling down to Him, and saying, Lord, have mercy upon my son: for he is lunatic, and sore vexed: for ofttimes he falleth into the fire and oft into the water. . . . And Jesus rebuked the devil; and he departed out of him: and the child was cured from that very hour."

Chapter xix. 2.—"And great multitudes followed Him; and He healed them there."

Chapter xx. 30-34.—"And, behold, two blind men, sitting by the wayside, when they heard that Jesus passed by, cried out, saying, Have mercy on us, O Lord, thou Son of David. And the multitude rebuked them, because they should hold their peace: but they cried the more,

saying, Have mercy on us, O Lord, Thou Son of David. And Jesus stood still, and called them, and said, What will ye that I shall do unto you? They said unto Him: Lord, that our eyes may be opened. So Jesus had compassion on them, and touched their eyes: and immediately their eyes received sight, and they followed Him."

Chapter xxi. 14.—"And the blind and the lame came to Him in the temple; and He healed them."

These passages which we have now read are profoundly significant, and throw a most instructive light upon the life of our Blessed Lord. Taken together their bearing upon our present subject is full of the deepest meaning, and the following five points will naturally suggest themselves as very clear conclusions.

1. *Jesus Christ was without doubt a healer of the sick and assigned to the work of healing a prominent place in His ministry.*—The truth of this fact will appeal to all students of the Life of Christ, and must also impress even the cursory reader of the Gospel narratives. Twenty-six of His miracles were for the direct object of healing disease, or raising the dead, and a further three were solely for ministering to the physical needs of mankind. At the very start of His public ministry (Luke iv. 16-19) our Lord quoted a passage from Old Testament scripture, in which His work as a Healer (equally true also we admit in a spiritual sense) was definitely set forth. Even when he was hindered by unbelief from doing any other mighty work His gracious acts of healing were continued (Mark vi. 5.). So prominent indeed was this aspect of His life on earth, that in case after case the numbers who surrounded Him were very largely composed of sick people and their friends. He was recognised everywhere as a great Healer, and His deeds of healing were not the least distinctive amongst those signs that marked Him

out as an entirely new type of Rabbi. In nine instances He is recorded as being "moved with compassion" because of the purely bodily needs of men and women; and it is not too much to say that to obscure this side of His wondrous ministry would be to take from the records of His life much of its attractive beauty, and to rob it of not a little of its glory. The "Strong Son of God, Immortal Love," will forever remain in the history of the world as not only a Preacher and a Teacher, but also a sympathising Healer.

2. *Jesus Christ employed His work as a Healer to give to men an evidence of His mission.*—This instructive fact finds its most ready illustration in the passage where Jesus answered the inquiry of John the Baptist. To that inquiry, it will be remembered, Christ took the direct line of pointing to His deeds, as well as to His words. He gave John's disciples a first-hand demonstration of His wonderful works of healing, accompanied, as these were, by His words concerning the good news He was proclaiming to men. He combined in one great object-lesson just the very constituent elements of that ministry which Medical Missions seek to imitate to-day, and then He bade the eager questioners return to their imprisoned teacher with the evidence afforded by what they had both seen and heard.

Upon that Christ was content to stake the verdict as to the reality of His mission, and as to the fact that He was indeed and in truth the promised Messiah. And in so doing Christ forever placed a divine seal upon the evidential value of Medical Mission work. He most clearly showed, by His own example, that if His people are called upon to give proof of their ordination to the work of the great commission, they should go forth not only preaching, but also healing.

3. *Jesus Christ attracted men within the sound of His preaching and teaching by means of His acts of healing.*— The remarkable magnetism of Jesus Christ is apparent directly the record of His life on earth is read. It is one constant succession of incidents that tell of the thronging multitudes who sought Him and gave Him, again and again, scarcely time for rest or food. And if we inquire into the causes of that magnetism, we have surely not far to go to find one at least. It must appeal to all that it was in His healing work that Christ exerted a most natural, yet all-attractive, influence that drew men and women around Him. Sickness was then, as now, the ever recurring fruit of the fall in Eden. Knowledge of disease and its cure was but in its most primitive stage of development. And the presence of a teacher in their midst who could and did heal the sick, give sight to the blind, power to palsied limbs, life to the dead, was a source of such keen and such pathetic interest that it would have been impossible to imagine anything but the gathering of the people unto Him. The sick came; their friends came to bring them; others came, struck by the wonders accomplished, and the scenes that were presented as Jesus passed from place to place must have given the people cause to think of Him as a great Physician quite as much as a Preacher or Teacher.

Furthermore, the wondrous compassion of Jesus was force of the highest kind of magnetism. Think of Him as "touched with the feeling of our infirmities"; contemplate Him as "He saw a great multitude and was moved with compassion toward them and He healed their sick," and you are irresistibly drawn towards this gracious pitying Healer. The consequent effect of all this upon the spread of His teaching could not but be significant in the extreme. The Preacher became

known, " His fame spread abroad," by virtue of the fact that He also was a Healer. The crowds came to Him " bringing their sick," because He could heal, but once having come they presented the audience to which He could tell the words of Eternal Life. And the more the mind reflects upon the Lord's earthly life, the more does it become clear that this striking interplay between His preaching and healing ministry was more than a co-incidence,—it was a Divine co-ordination. Jesus Christ came to minister to the needs of man in his *whole* being, but He knew that poor fallen humanity was ever more ready to appreciate that which met its conscious physical sufferings, than it was to welcome that which met its unfelt spiritual needs. He therefore approached man along the line of least resistance, and divinely employed His work in the lower realm to contribute a powerful lever to His operations in the higher sphere. Thus do we find how far-reaching is this Divine method of Medical Missions, and how in using it to obtain a widespread hearing for the message of the Gospel we have the highest sanction.

4. *Jesus Christ defined a close connection between sickness and sin, and indicated the consequent correspondence that should exist between the work of healing for the body and that for the soul.*—Throughout the Gospels it will be seen in not a few instances, how, in the mind of Christ, there was a manifest relation between sickness and sin. The two were regarded, it would seem, not always or necessarily as cause and effect, but rather as possessing a close affinity, inasmuch as the one was a departure from the normal in the physical and mental part of man's nature, and the other a similar departure in the realm of the spiritual. Both were marks of the trail of the Evil one, and were indicative of the necessity for a work

of healing throughout the whole of human nature. When Christ came, He came with the full recognition of this fact, and with the purpose of procuring and conferring that very healing which was needed. But on the part of man there was no similar consciousness of the link between sickness and sin, and Our Lord had first to impress upon man its existence, and then to lead him on from that to see the correspondence that should prevail between the removal of sin and the healing of disease. Our Lord's efforts in this direction are seen in various places, but perhaps the most prominent instance is that given in the healing of the paralytic (Matt. ix. 2), where Christ proceeded in the first place to deal with the most serious matter, viz., the sin of the soul, and to pronounce upon that forgiveness ere He went on to heal the body of its disease. His process of action was misunderstood by the religious men who observed it, and who, whilst quite prepared to admit His right to heal the body, denied His claim to forgive sins. He accordingly vindicated His right to do the latter by His ability to do the former, and gave in this one concrete instance an illustration of the affinity we have pointed out above, and the link that should be maintained between work for the salvation of the soul and that for the healing of the body.

Here then did our Lord afford another basis for this very association that finds its modern representation in Medical Missions. The follower of Jesus Christ cannot, as He could, pronounce forgiveness of sins, but he is able to give the message of the Saviour who can, and by conveying, at the same time, the boon of physical healing to many a diseased frame, he can support and commend his right of dealing with the deeper needs of the soul.

5. *Jesus Christ in sending His disciples upon their missionary journeys, gave them a commission to heal the sick as well as to preach the Gospel.*—The point in our Lord's life on earth when He sent forth His disciples upon a missionary journey of their own, marks an important epoch in the unfolding of His plans. Up to then His gracious work of preaching, teaching and healing had been His alone, and His followers were only witnesses. But from this time onwards, it became revealed that His purposes included a definite place for His disciples as co-workers in the same blessed ministry that He Himself exercised. Their marching orders (Matt. x. 7, 8) ordained them to a like two-fold service, in the performance of which they would step in the footprints of their Master, and both preach and heal. If His ministry was directed to meeting the needs of man in his whole being, theirs was to be after the same pattern. And inasmuch as they could not discharge this work without being specially fitted for it, we find, as a requisite preliminary, that Christ invested them with the power of miraculous healing (Matt. x. 1). Thus equipped, those first disciples went forth and preached and healed everywhere.

Now, if we are to see in this an indication of the type of comprehensive ministry which our Lord would have His Church imitate in carrying out her mission in the world, then it is clear that Medical Missions have not only the sanction of His example, but the authority of His express command. There is, however, one apparent difficulty which must be admitted in seeking to establish a parallelism between the work of the early disciples and that which is done to-day. They accomplished their work by virtue of a special endowment of miraculous power, whilst we to-day

have no such gift. Hence, it may be urged, there is no ground to assume that we are called to exercise the work of healing in our missionary ministry. Yet neither have we the miraculous gift of tongues as the early Church had, and by which it accomplished such wonders in the spread of the Gospel amongst the heathen. And it is not argued that therefore the modern Church is not called to preach and teach in distant lands. It is taken for granted that by the use of God-given faculties the same end can be obtained through the acquisition of languages. Hence, in a similar way, whilst we have not to-day the gift of miraculous healing, we can acquire, and bring into the service of the Gospel, that great gift of God—Medical Science, by the utilisation of which the command to heal the sick can still be obeyed. As the late Rev. Dr Pierson so well said :—

"The great Economist of the Universe works no unnecessary miracles, and when human hands can roll away the stone, He does not work a miracle to do so."

Let no hesitancy, therefore, characterise our employment of medical skill in the furtherance of the Gospel, but rather, realising the type of service our Lord has set before His Church, let us hasten to harness all the forces of modern scientific healing to the shafts of His Gospel chariot and speed forth along "earth's paths of pain," healing as well as preaching.

We have thus passed in review the main outlines of the teaching to be deduced from Christ's earthly ministry concerning the place of healing in the work of the Gospel. The conclusions that have suggested themselves will, we think, appeal to all as ample proof of the Scriptural origin and authority of Medical Missions. That in Jesus Christ and His life on earth, we have the *fons et origo*

of this aspect of missionary work must commend itself to everyone. The truth of the words :—

> " It was the path the Master trod,
> Should not His servant tread it still ? "

is so self-evident, so overwhelmingly clear to both conscience and reason, that to not a few, we imagine, any further argument will be quite unnecessary. The example of Christ is all-sufficient. Yet, if space permitted, a further most instructive study would be to trace the record of the early Church as contained in the Acts of the Apostles, and note how strongly evident was the ministry of healing in the propagation of the Gospel. To any who can do this the investigation will be most interesting, as shewing how those first followers of our Lord interpreted His plans and purposes for the spread of His Kingdom. Whether, however, this be done or not, it is manifest that we can invite the attention of our readers to the other aspects of our subject, assured that in all their minds there will exist a profound conviction as to its Divine institution and Biblical warrant.

CHAPTER III

THE JUSTIFICATION OF MEDICAL MISSIONS

"A thing is great partly by its traditions and partly by its opportunities—partly by what it has accomplished and partly by the doors of serviceableness of which it holds the key."—GEORGE ADAM SMITH.

THE day has happily passed when it was necessary to present an apologetic for Medical Missions. Innumerable results in almost every field of missions have attested the value and importance of this special branch of Christian work. As a writer in the "Encyclopædia of Missions" wrote some time ago—"The history of Medical Missions is the justification of Medical Missions." And it may be taken as a fact, proven beyond the reach of doubt, that the place of Medical Missions in the great scheme of evangelisation is unchallenged and unchallengeable.

There is, however, some reason for question as to whether the strength and cogency of the arguments upon which the justification of the enterprise is based, are as clearly appreciated. Many who would be prepared to concede to Medical Missions a large and important share in the work of the Gospel, only recognise in them a species of philanthropy, whose chief plea is the alleviation of human suffering. Many who perceive their significance in disarming unfriendliness, and in softening prejudice, regard their contribution to missions as mainly limited to the initial stages of the planting

of Christianity in a new field. It is consequently of some importance that here and now we should take time to consider the various grounds which together constitute the justification of this work as a missionary agency. In doing so, attention is invited to seven considerations.

1. *Medical Missions are justified because they establish a return to the Christ type.*—The truth of this fact will require no weight of proof to those who have followed the line of our previous chapter. In that has been seen the ministry exercised by the Divine Founder of all missionary activity, and in that ministry is found the genesis of Medical Missions. Judged from that standpoint, it is manifestly clear that modern Medical Missions are "after the pattern." They point backward and upward, even as they go, to the very heart of the whole missionary crusade, and consequently their inclusion in the great campaign is abundantly justified. They approximate the missionary programme of the twentieth century to that of the first century, and in so doing, help to keep the great world of missions revolving around its central Sun. By their constant reminder of the New Testament scheme of missionary activity, they do much to prevent the main purpose of the enterprise from being lost sight of in the growth of side issues. From them comes ever the call to look back to One who came that He might heal and save, and that look preserves and purifies. If Medical Missions did no more than this, they would receive an ample vindication. The motto "Back to Christ" is emblazoned upon their banners, and exercises a magnetic influence in the great missionary warfare. It is the pledge of victory and the sign of conquest, and so long as no lower type gains ascendancy in the sphere of Medical Missions, their

place in the van of Christian Missions will be pre-eminently justified.

2. *Medical Missions are justified because they present to men a full-orbed Gospel.*—If, as we have just seen, Medical Missions can find a justification in their recall to the Christ type, they can also claim to fulfil a distinct place in Christian Missions, by virtue of their manifestation of that method to the world. On the one side we have the God-ward relation of the enterprise, on the other the manward. Medical Missions reveal to mankind how absolutely complete is the Gospel of Jesus Christ. No partial appeal is made to human nature, but one that is incomparable in its proclamation of succour for body as well as soul, soul as well as body. Medical Missions supply Christianity with the argument of a Gospel that has something to say, and something to offer in respect to the state of the life that now is, as well as the life that is to come. And because they do this, because of their remarkable and characteristic comprehensiveness, Medical Missions are clearly justified as one of the most potent factors in the great enterprise of Christian Missions.

3. *Medical Missions are justified by reason of their harmony with the supreme Christian Ethic.*—The religion of Jesus Christ in its totality and finality is one that can be described by no other word than the one which stands first in the category of the fruits of the Spirit. (Gal. v. 22). Love, and nothing less, is the Master key of the Gospel of Christ. It is that which throbs with a burning heart all through the wondrous pages of the four Evangelists. It is that which shines through and characterises the ethical teaching of Christ, and is pronounced by Him as the fulfilling of the Law. Love is at once the first word and the last word of that scheme

of Redemption which Christ procured by His saving death, and which He has left to His disciples to promulgate to all mankind. Moreover, this Love is not an attribute which is to govern the relation of God and man alone, it is enjoined by Christ as a grace which is also to dominate man's dealings with his fellows. The old Law that taught "Thou shalt love thy neighbour as thyself," Christ upheld, but He laid upon His followers a vastly harder task when He said "Love your enemies." In His teaching there was assigned no limit to love. It was to be a point of distinction that everywhere, and in all times was to be the hall mark of those who professed His Name. To what a glorious calling do we thus see that Christ summoned, and still summons His disciples, to none else than a life of Love.

Now, how very clearly does all this bring out the obligation that is laid upon Christians never to neglect, or appear oblivious to, suffering and need. The cry of pain that is unrelieved, the sight of disease that exercises its fell sway all unhindered, the mute appeal of those laid low in the battle of life is, and must ever be, a claim upon the followers of the Teacher of Love. To refuse to recognise that claim is to deny the rule of the most essential feature of the religion of Christ, and give the lie to the profession of faith in Him. We touch fundamentals here, and there are no middle courses. The world aches, and waits for the adoption by the whole Church of this ministry of Love.

And herein we see how tremendous is the justification of Medical Missions. No far off approach is revealed in them to this ethic of the Christian faith. The closest harmony is manifest. Theirs is a life of Love. Dr Arthur Smith's Hospital motto "Love in Action," might be the motto of every Medical Mission. Supreme

among the agencies of missions they stand out as the practical interpreter of God's Love to men. Medical Missions afford the Christian Missionary one of the finest object lessons in giving expression to the teachings of Christ. Rob missions of their service, and the whole presentation of the Love of Christ would be immeasurably weakened. Their contribution to the forces of Missions is an essential one, and in the beautiful harmony that they reveal with the royal law of love, they find an all-powerful justification.

4. *Medical Missions are justified by virtue of the obligation of Christian stewardship.*—No fact is of more importance to the disciples of Jesus Christ, in summing up their responsibilities to the non-Christian world, than to remember that they are stewards and not possessors of the blessings and privileges of the Gospel. Trustees, not residuary legatees. If to them has come the knowledge of the truth, it has come that they may, as faithful stewards, deal out this truth to those of the race who have not yet heard it. If, as inheritors of the countless blessings of a Christian civilisation, they have entered into a heritage of benefits, whereby life has been shorn of some of its heaviest crosses and sorest pains, it has but been an endowment of responsibility for those whose lot it has never been to share in such privileges. This is brought out most clearly again and again in the sayings of our Lord to His first disciples. When He sent them forth upon their first missionary journey, there is found at the very heart of His charge, these pregnant words :—" Freely ye have received, freely give." It was as if He saw that they might be tempted to hug to themselves the power and knowledge which He had given to them, and forget that to have was to give : that, instead of regarding their function as analogous

to the life giving aqueduct bearing its precious stream to the thirsty multitude, they might think of themselves as sealed reservoirs, filled to the brim, but having no outlet. And so He laid it down right at the very start of the missionary service of His Church, that the reception of blessing was in order to the giving of blessing. His followers were to be channels, and inasmuch as into them had come power to help and heal and save with a Divine fulness and wealth, so should that power find constant outflow from them to the needy world around.

Now, the bearing of this upon the work of Medical Missions will at once appear essential and significant. If, as has just been seen, it is the very genius of Christian discipleship to regard the possession of blessing as a means to, and a reason for the conferment of blessing, then Medical Missions are amply and finally vindicated. Theirs is a service precisely governed and determined by the principle into which we have just looked. In all points they conform to the law which Christ has given to His followers concerning the obligations of stewardship, and their whole history is one concrete example of Christian giving. There can be no questioning of the right and place of Medical Missions in the forces of the Gospel, while the teaching of Christ remains the final court of appeal. As one of His good and perfect gifts, Christendom has received the knowledge of healing, and the consequent responsibility to pass on that blessing to the "regions beyond," provides a justification, at once absolute and complete, for the prosecution of Medical Missions.

5. *Medical Missions are justified because of the necessities of the race.*—In a later chapter, we shall examine more in detail the call of humanity for this branch of the missionary enterprise. It is unnecessary, there-

fore, to do more than briefly refer to it here. We imagine, however, that to all but those who have never even glanced at the condition of the sick in non-Christian lands, and observed the neglect, or worse, that is meted out to these poor sufferers, the argument for Medical Missions that is based upon the physical sufferings of the race will appeal with peculiar force. Who can think of the unrelieved disease of the vast heathen world and feel no sign of pity stir within his breast! Who can gaze at the almost impenetrable gloom that settles down upon those who are stricken with sickness in far-off lands, and not be stirred with the desire to do something to send a ray of hope and healing through that cloud of dark despair! To the Christian, aye and to the man and woman who make no profession, the claim of a common humanity will admit of none other than a wide and generous recognition of the work of Medical Missions. If across the seas there are people in need of the help that the healing skill we enjoy in this land can bring to them, if further, there are untold multitudes of those distressed folk who, apart from the agency of Medical Missions, stand no human chance of obtaining such help, then the free and liberal utilisation of that agency is abundantly justified. Medical Missions are of all missions emphatically those whose *raison d'être* is resistless in its appeal to the noblest instincts of the human race.

6. *Medical Missions are justified by the dictates of reason.*—It cannot be denied that along the lines of Christian sanity and well considered reason, there is to be found a very full and unanswerable justification for Medical Missions. Hardly can any branch of the missionary enterprise be more easily defended, or more amply supported when the principles of logic are applied to the conduct of the great campaign. Take first the

obvious fact that in seeking to carry the religion of Christ into non-Christian lands, the missionary is engaged in the delivery of a "frontal attack" upon the forces of error and superstition. In doing so he is necessarily placed again and again at a disadvantage, and in need of something that will effect what is equivalent to a "turning movement," and lead to the weakening of the resistance offered by prejudice and ignorance. To withhold that assistance would be as opposed to the merest common sense, as to give it would be to comply with the soundest reason. It is therefore clear that if Medical Missions provide the missionary with the precise help here referred to, then it is thoroughly reasonable to employ their service in the work of Evangelisation.

This, however, does not exhaust the grounds of reason upon which the plea for Medical Missions can be based. A second consideration is found in the dictates of prudence, that urge the importance of missionaries having with them medical colleagues who can give skilled help in time of sickness. This must command the adhesion of every Christian observer of the missionary enterprise. We go further and venture to assert that there is no one, be he professing Christian or not, who will fail to admit the justification of Medical Missions from the point of view of the lives and health of the missionaries. Mere arguments of economy demand it. There is not a single commercial, scientific, or military expedition that would to-day be dispatched to a tropical land that would not have its Medical Officers. The immense importance of safeguarding the health of the living emissaries of such an undertaking would be recognised and obeyed to the full. How much more then is it incumbent upon those engaged in the

promotion of an expedition that is conducted in the interests of the souls of men to see that the members of the expedition have, as far as ever possible, the risks to their health and life reduced to a minimum. We cannot do everything, but we can do much, and unless we do such to the utmost, we are plainly flying in the face of prudence and reason, and exposing our missionaries to an unjustifiable hazard. Medical Missions are indeed more than justified by such a consideration, and to neglect them is an omission of the greatest moment.

Yet again are we brought to another ground which gives force to the appeal of reason for Medical Missions. We refer to the importance of caring for the native Christians in the young Churches on the Mission Field. Here we touch a consideration which has a very vital bearing upon the building up of many of those essential units scattered over the field, and their preservation from relapses into superstition. When converts are gathered in from heathenism, they are naturally cut off from their old resorts and practices in time of sickness. As a part of the superstition which they renounce, they leave such behind. But they do not dispense with sickness, and again and again fever and disease invade their homes. Had they remained heathen, they would have sought the help of their medicine men, and though the assistance which such would give is too frequently worse than useless, yet it has to be remembered that here was a source from which in their ignorance they fancied they could obtain relief. But now that they are Christians, to whom can they go? What is more natural than that they should look to the missionary? But supposing, as in so many cases, he knows little about medicine, then

how great is the temptation to resort to their former superstitious measures in search of healing! And if they do that, how insidious the encroachment upon their new, and as yet early, faith in the Christian religion. Alas! mission history might reveal this as often a potent cause of backsliding. If, therefore, we are to conserve to the utmost the faith of these native Christians, is it not of the nature of an obligation, both of love and of reason, that we should place within their reach, in the hour of sickness, that healing skill which has come into our possession as one of the fruits of Christianity? To apply Medical Missions to such an end is surely to follow the leading of consecrated reason, and to abundantly justify this missionary method.

7. *Medical Missions are justified by their results.*—Up till now we have been concerned with the examination of what may be called the philosophy of the argument for Medical Missions. We have seen how cumulative were the reasons pointing to the inclusion of this weapon in the missionary armoury of the Christian Church. There yet remains, however, the question of the actual results that have followed upon the employment of Medical Missions,—how far the teachings of practice confirm the deductions of theory. And here we touch rock bottom. It is not enough to rest the claim for Medical Missions simply upon analogy, law and reason. To enable the claim to be irrefutable and to firmly establish the justification of Medical Missions, we must apply the most crucial test of all, and appeal to results. In other words, to vary the metaphor, we must call into the witness box, the voice of history.

Medical Missions may be said to have formed a definite section of the modern missionary enterprise, for the past fifty years. At an earlier period, dating indeed

from the time of William Carey, when his fellow worker, Dr John Thomas, laboured as a Medical Missionary, and was used in leading to the conversion of the first Indian convert, Krishra Pal, Medical Missions have been here and there carried on. But speaking broadly, they did not come into being as a distinctly recognised phase of missionary effort until well on in the last century. Since then, they have steadily increased in number and efficiency, and there has been a growing appreciation of their value and importance. They have been employed in practically every Mission Field, and by all the leading Missionary Societies of the world. The expansion that has taken place in their activities has indeed been so great that actual societies have been formed with the sole object of promoting Medical Missions, and in others special auxiliaries have been constituted to deal with this department of work. From a tiny band of ill-equipped Medical Missionaries, there has grown up a small army of no fewer than 1000, who are carrying on their work to-day in more than 500 hospitals, and in over 1000 dispensaries. Hardly has there been any branch of missionary effort exhibiting more striking development, and from this one fact alone it may be seen how magnificently Medical Missions have stood the test of experience.

But it is not in the mere record of great expansion that history affords its most striking vindication of Medical Missions. It is when we come to the character of the results attained that we see how important has been the service rendered to the whole enterprise of missions. Some allusion has already been made in an earlier chapter to the ways in which Medical Missions have proved their utility, and in later chapters these phases of our subject will be entered into more in detail.

It is, therefore, only necessary at this point to broadly summarise the practical results that have been secured by Medical Missions. And what a list they make! Medical Missions have opened closed lands to the Gospel, have encountered prejudice and hostility, and changed them into friendship, have met indifference and transformed it into interest. They have illustrated the message of the Love of Christ, until it has become luminous to the mind of the ignorant heathen and the bigoted Moslem. They have given a new conception of the value of life to peoples who had no sense of it. They have introduced a care for the aged and the sick, and raised the whole status of womankind wherever they have been at work. In a word, Medical Missions have proved to be one of the most powerful forces for spreading a knowledge of Christianity, and to the population of non-Christian lands they have been one of the greatest, elevating, and purifying forces that have ever been introduced into their midst. Hence it will be seen that the witness of Medical Mission history most completely justifies the maintenance and active development of Medical Missions.

And now we must close this review of the various grounds upon which the plea for Medical Missions is based. The astonishing wealth of argument that can be so adduced is not only more than sufficient to justify their employment, but is a compelling plea for their more widespread adoption. If Medical Missions can discharge the functions and attain the results to which allusion has been made in the previous pages, then assuredly they are an essential and not an optional form of missionary labour. It is self-evident that a work like this cannot be neglected without detriment to the enterprise of missions as a whole. Speaking reverently,

we may say that God has assigned a place for Medical Missions, at once unique and integral, in His great plans for making the Gospel known to the ends of the earth. He calls us to fill that place, and thereby hasten the spread of His glorious Kingdom. He shews us how remarkably Medical Missions can contribute to that end, how immensely they are needed, and how much may be lost if we hesitate as to their employment. From every point of view we see pressing home upon us the great claims of the enterprise, and instead of having to advance reasons in justification of Medical Missions, it would seem as if the onus of proof should rather rest with those who question their importance. Certainly we may proceed further in the examination of our subject, taking this as an established fact that the medical department of missions is capable of the strongest and most ample vindication.

CHAPTER IV

THE NEED FOR MEDICAL MISSIONS

"He's true to God, who's true to man. Wherever wrong is done
To the humblest and the weakest, 'neath the all-beholding sun.
That wrong is also done to them and they are slaves most base
Whose love of right is for themselves and not for all their race."

JAMES RUSSELL LOWELL.

IT has been well said that "Destitution is the greatest plea for help," and certainly if that dictum be applied to the physical necessities of non-Christian peoples, then their call for succour in time of sickness becomes clamant in our ears. It is hardly possible to overstate the need. Standing, as we do, in the full enjoyment of the ripe fruits of Christian civilisation, and hardly conscious of the wealth of our blessings because they are so abundant, it is very difficult to imagine a condition of things in which some of the most essential of those privileges are absolutely unknown. Limiting ourselves for the moment to the relief of physical suffering, what a vision of distress and despair rises before us as we picture an utter absence of medical and nursing knowledge, and beyond that even further, the most appalling ignorance of the very simplest ideas as to sickness and its cure! About four years ago, Professor Dr Martin Edwards, of Harvard University (U.S.A.), visited China in the interest of a scheme for the establishment of a Harvard Medical School at some centre in that land. Upon his return he issued a report in which he sought to

bring home to people in America the medical condition of China, and the following extract, which we here beg leave to quote, will serve most admirably to convey a conception of the physical needs of one of the greatest Mission Fields :—

" Perhaps we can get a better idea of China's medical condition if we think of it in terms of our own land. Imagine, if you will, our country of ninety millions of people, with splendid institutions for the preserving and the betterment of public health. Now in order to get a real conception of what China is, we are going to begin a process of elimination.

" First, we will take out of this country of ours all the hospitals we have, save one hundred and sixty, that being the number that there are in China. (There are almost as many hospital beds, however, in Chicago.) Next take away every infants' hospital and every hospital that is given to taking care of the mother in her hour of need. Next we must close the greater number of the dispensaries for our poorer people and leave them without care. Let us go further and dismiss from every state and city the Boards of Health. The sewers then of each city must be filled up, and all the various institutions that are acting to preserve good healthful conditions for the individual and the city must close their doors. Now it seems as though that is enough to take away from this country of ours, but we will have to do more yet. All of our medical schools, save one, and that only established three years ago, must disappear. We will go still further, and take away from our ninety millions of people all the scientific knowledge we have of how disease is caused and how transmitted.

" Then take this forlorn country, and pack it full of tuberculosis, put it in every home. Leave no city with-

out smallpox. ' Scatter everywhere the other countless diseases which we have here in greater or less extent. Then place in the south-east area the bubonic plague. See that no state of the Atlantic Coast is free from the devastation of cholera. Then all over this stricken country spread the loathsome leprosy. And when that is done, summon just four times as many more people, all of whom desire, as we, to be healthy and strong, and whose hearts, strangely enough, love and suffer and break, even as ours, and say, 'Here is where you must live,' and that is China ! "

Let us pause and give time for this graphic and terrible disclosure (which might, with varying degree, be applied to the condition of many another Mission Field), to sink into our mind. This is no attempt to harrow the feelings, or work upon the emotions. It is simply a recital of facts, a statement of things as they are, and a revelation of the condition under which millions upon this earth are living and suffering and dying to-day. Is there then, we ask, no need for Medical Missions ? The appalling state of the sick in these non-Christian lands arises, as Dr Harold Balme has pointed out, from three causes. First the absence of all sense of responsibility (except for one's personal relatives) which characterises every country until the Gospel penetrates it. Secondly the superstition and cruelty of heathen medical methods. Thirdly the awful results of ignorance and neglect. Each of these factors enters into the production of the terrible suffering which is so widely spread throughout these dark lands, and as we pass in review the principal Mission Fields we shall find abundant evidence of this lamentable state.

Directing our attention first to—

China

We are reminded of a Chinese proverb which aptly shows the opinion held by the Chinese with reference to their Medical profession—" Medicine, fortune-telling astrology, physiognomy, are taken up as a trade or profession (for diversion) by scholars ; the last-named only is respectable." Anyone can be a doctor in China. Often a man who has been engaged in some other calling, and failed, resolves perhaps to take up medicine. He obtains a pair of large Chinese spectacles, buys one or two medical books, hangs out a sign, puts on a thoughtful expression, and professes to be able to heal the sick. It may be that one of his ancestors was a " doctor," and if so the young recruit to the profession will enhance his prestige by obtaining as his share in the family heirlooms some secret prescriptions and methods of treatment which may be his sole medical library.

These so-called doctors are very frequently those who have been previously in the employ of Europeans in China, *e.g.* as cooks, and who have desired to improve their position ! A good idea of the kind of anatomical and physiological knowledge contained in their native medical books may be gathered from the following :—

" The larynx goes through the lungs, directly to the heart." " The liver is on the right side and has seven lobes ; the soul resides in it and schemes proceed from it." " The pit of the stomach is the seat of the breath, and joy and delight come from it." Great importance is attached to the pulse, of which there are supposed to be three in each wrist, called respectively, Inch, Bar, Cubit, the first-named being closest to the hand. Accord-

ing to the pressure exerted it is held that the condition of certain internal organs can be ascertained, as will be seen from the following table compiled by Dr Harland :—

LEFT WRIST

Inch,	when	lightly	pressed,	indicates	the state	of the small bowel.
,,	,,	heavily	,,	,,	,,	heart.
Bar,	,,	lightly	,,	,,	,,	gall bladder.
,,	,,	heavily	,,	,,	,,	liver.
Cubit,	,,	lightly	,,	,,	,,	bladder
,,	,,	heavily	,,	,,	,,	kidneys

RIGHT WRIST

Inch,	when	lightly	pressed	indicates	the state	of the large bowel.
,,	,,	heavily	,,	,,	,,	lungs.
Bar,	,,	lightly	,,	,,	,,	stomach.
,,	,,	heavily	,,	,,	,,	spleen.
Cubit,	,,	lightly	,,	,,	,,	San Chiao.
,,	,,	heavily	,,	,,	,,	Ming men.

The last two terms are names of absolutely imaginary organs ! When disease arises it is supposed to be due to a dispute between the twin powers of nature, named respectively Yong and Yin, or male and female. One of their beliefs is that the heart is the husband (*i.e.* abode of the Yong principle) and the lungs are the wife (*i.e.* abode of the Yin principle) ; if these two main organs cannot be brought into harmony, evil at once ensues. There is also a widespread and implicit faith in the presence of bad humours and in the powerful operations of evil spirits in the production of sickness.

Chinese doctors have been roughly divided into two great classes—" Internal body " doctors, and " outside body " doctors, of which the former are the more numerous. In addition there are " eye doctors,"

"smallpox doctors," etc. How these distinctions work out to the oft-time detriment of the poor patient is illustrated by a case reported by Dr Duncan Main, of Hangchow. A Chinese carpenter pierced his foot with an ugly splinter. An "outside doctor" being at hand, said that for the usual gratuity he would attend to the foot. This being paid the splinter was promptly cut off level to the surface of the foot, and then a plaster made and stuck on! The patient being still in great pain, asked if the splinter were out. The only reply he received was that the doctor, not being an "inside doctor," would not presume to remove the rest of the wood!

The same Medical Missionary relates how, on one occasion, a servant employed in a mission house left suddenly, because his grandfather, who was a native doctor, had died, and he was to take up his practice at once. Within twenty-four hours the erst-while servant had donned a new silk coat, cloth waistcoat and pea-green trousers, and with the addition of spectacles, was the fully fledged doctor! Imagine such men called to the bedside of the sick; and it is easy to realise how grievous is the plight of the latter!

These sad instances of Chinese medical ignorance leads us on to touch for a moment upon their pharmacology and surgery which, it will not be surprising to learn, reveals equally an utter lack of any scientific knowledge. The most that can be said in the matter of their drugs is that "they possess some knowledge of herbs, of which it is only fair to say there is a considerable field for research." In addition to herbs, Chinese physicians employ to a great extent animal products, such as dried snake skins, deer horns, and tiger bones. The following example of their prescrip-

tions will not, we think, inspire a desire to seek their treatment :—

"Powdered snakes .	2 parts.
"Wasps and their nests .	1 part.
"Centipedes . . .	6 parts.
"Scorpions . . .	4 parts.
"Toads . . .	20 parts.

"To be mixed with honey and made into small pills. One to be taken four times a day."

The most popular tonic is tiger bones, taken either as pills or tincture, the argument being that as the tiger is a very strong animal, and the bones the strongest part, what is made from them must be strengthening! It is, however, in the direction of surgery that Chinese doctors exhibit the greatest ignorance and practice the most shocking methods of treatment. Their books on surgery teach that there are three hundred and sixty places in the human body into which "needles" can be inserted without harm. These needles, it should be added, are used hot or cold and without the slightest idea as to cleanliness. Often they are very dirty, and too frequently, alas, communicate disease rather than cure it. Some of the places above referred to are in the neighbourhood of big joints, in the region of the stomach, and around the eyeball! The idea is that by making these stabs, the "wind or humour" will be let out! Sad indeed is it to relate that many a poor Chinaman has lost his eyesight, his hearing and the use of his joints, if not worse, through such mal-treatment. For indigestion, the treatment has often been to insert a needle into the stomach and blister round the hole thus caused. Verily counter irritation with a vengeance! For headache, alas, the drum of the ear has not infrequently been punctured.

Another lamentable example of the absolute lack of any knowledge of surgical pathology is afforded by the frequent treatment prescribed for an abscess. This is the application of black pitch plasters, which, instead of allowing the discharge to escape, prevent its doing so. The result is that the pus burrows underneath, entailing widespread destruction of the tissues, and in the end often the loss of a part. If the discharge tries to escape at another point, promptly fresh plasters are applied.

The treatment of eye diseases gives yet a further instance of this terrible " surgery " ! Blindness in China is very great, and, in the vast majority of cases, might have been prevented had the simplest care been given in infancy and childhood. For cataract, Chinese surgeons will frequently insert a dirty needle into the opaque lens, with the idea of letting in the sight. Ulcers on the front of the eye have actually been scraped with crude and dirty instruments, and the opaque parts clipped with scissors !

In all this appalling quackery, superstition takes a very prominent place, and is responsible for much of the absurd and debasing practices that are carried on in the search for healing. One of the idols worshipped by the Chinese is a god of medicine, and sometimes his help is solicited in the following manner—A friend of the patient will go to the temple, and after he has tickled the god's ear " to arouse him," the part of the image that corresponds to the part affected in the patient will be rubbed, in order that the god may know exactly the seat of the disease, and where his help is required. Incense and candles will then be burnt before the idol, and the friend will return home carrying with him some of the ashes left in the censer which stands before the idol.

At other times the method employed will be that observed by Professor Dr Martyn Edwards, at Foochow, and which he describes in the following words :—

" Foochow has a god which is known all over the entire province, this god being able, so a sign outside the temple says, to cure ' every disease known to the human race.' In this temple I saw a woman who seemed to be in the last stage of tuberculosis. She came in and kowtowed before the god, and then took from a small bowl a rod with a certain number on it. Then kowtowing again, she picked up two pieces of bamboo root, with one side flat and one round, threw them up in the air, bowed her head to the ground, and then looked at the bamboo roots as they had fallen to the ground. They had fallen, she saw, the smooth side up. That shewed that the number she had chosen was wrong. So she chose another number, then again kowtowed and prayed, and threw the roots up in the air. They came down one flat and one round. That was the right number ! She turned to the priest, handed him the number and paid him some money. He drew out prescription number 13 from the drawer, and gave it to her to have filled at the drug store. This surely would cure her, for had not the god shown her the right number ! Such are the conditions found all about China to-day."

And so we might proceed, citing instances ad nauseam of the degree in which superstition enters into the conception of the Chinese in regard to sickness. Charms, weird incantations and ceremonies, in which Taoist priests take a large share, all are supposed to be efficacious in ridding the sick person of one or other of the malignant spirits which are believed to have occasioned the sickness. Veritably a terrible nightmare of superstition ! Truly the very shades of the Evil

One! And in the midst of it all, sad indeed is it to remember there are sinking into their graves in China thousands of lives every day, numbers of whom might never have died if only they had had proper treatment. Is there not a need, we ask again, for Medical Missions?

It is only right, however, that mention should here be made of the fact that the present Chinese Government are now endeavouring to found Medical Schools, and to raise up a new and scientifically trained race of doctors. Quite recently a China Medical Association has been formed in China "composed of all Chinese properly qualified medical men at home and abroad." We rejoice at these signs of progress, and wish every success to the attempt to promote true medical knowledge. At present the chief difficulty lies in the absence of suitable teachers; and the existence of this vital deficiency lays upon the Christian Church a great opportunity and a serious responsibility.

Turning from China, we take up another of the great Mission Fields of the world, and prosecute an inquiry into the need of

India

for Medical Missions. Here we touch British territory, and are reminded at the outset of the large and beneficient efforts put forth by the Indian Government in seeking to confer medical benefits upon the people of that great Dependency. Nothing but praise and admiration can be given for what has thus been done. Would that all governments, who are called to rule subject races, recognised a like responsibility in the provision of healing for the sick. But when all that has been said the sorrowful fact remains that this medical work of the Indian Government is only meeting the

needs of a percentage, and that not a high one, of the population of the Empire. Some years ago it was estimated by Sir William Moore that "not five per cent. of the population is reached by the present system of medical aid." Hidden away in densely populated village areas, living their separate existences remote from the touch of western civilisation, and only here and there coming within the range of some government hospital or dispensary, these, our fellow subjects of the British Crown, present a field that is, as we shall see later, full of the most crying need for Medical Missions. It was recently stated by Dr W. J. Wanless, of India, in the "International Review of Missions," that "in Calcutta, the largest medical centre in India, 6000 persons die annually without medical relief"; and that "ninety out of every hundred who die in the smaller villages of India (and India is a nation of villages) die unattended by a qualified, or even a partially qualified, physician." It is not that the Indian Government is insensitive to the necessity for Medical help; it is rather that the need is so tremendous and extensive that there is a call of the greatest urgency for all the additional help that Medical Missions can afford.

This call comes to us first of all because of the extraordinary ignorance that is everywhere met with in regard to the cause of sickness, an ignorance that is saturated through and through with dense superstition. To the Hindu, the presence of disease means that some god has been offended, and that the only way whereby a cure can be affected lies in propitiating the deity. Or again, as in China, the cause is attributed to some evil spirit which has taken possession of the patient, and which consequently renders the sufferer an object of

dread and the subject of neglect rather than of care. When in India some years ago the author well remembers being shewn coloured stones and other objects that were worshipped in villages as the "Gods of sickness." One of the most widely worshipped female deities is the goddess of smallpox, which is addressed commonly as "Mother." Some years ago, during an epidemic of the disease, it was said that the goddess had a thorn in her toe, and until it was out the epidemic would not be stayed! To propitiate her wrath and hasten the cure, offerings must be made at her shrines, and processions held in her honour, in which, alas, patients are often carried!

The old time native doctors or "hakims" still carry on their ignorant and nefarious work amongst the credulous and suffering people. These men are, it is needless to say, quite untrained, and though at times they may have some knowledge of useful herbal medicines, yet as a whole their practice is sheer quackery, mingled with the grossest superstition. In many cases the "profession descends" from father to son, and a common proverb amongst the people runs, "He who has killed a thousand people is only half a doctor." Charms form a large part of their stock-in-trade, and to repeat extracts from their sacred books for the relief of a sick person is again and again their practice. For pain in the back from all causes, the following "prescription," cited by Miss Barnes in "Between Life and Death," will give a concise idea of the absurdities of this native treatment—"Take two rice poles, and stand in the middle of the bazaar; hold the poles at arm's length, then slowly bring them together in front, but do not knock the ends. The native doctor will then squeeze some green juice on the pole and murmur an incantation, after which, at

a given signal, the poles are to be knocked together." The only addition to this caricature of treatment that need be noted is that at its close the " doctor " takes his fee and departs !

Dr Vincent Thomas of Palwal, N. India, relates how on one occasion he was called to attend a poor young fellow who was sick in a village some miles from his station. Upon arrival Dr Thomas found that the patient had been ill for some days, and that he was suffering from pneumonia. Asking why he had not been sent for sooner, he was told that they had called in first of all a native sorcerer, who said the cause of the illness was a devil in the liver ! Then a native hakim had been called, and his treatment resolved itself into the application of bullocks' horns, being a form of native cupping, to the soles of the feet. Is it any wonder that when Dr Thomas arrived the patient " had one foot in the grave already " ? Happily the life was saved, but not thanks to the native treatment.

Very frequently, however, the poor patients are submitted to far worse measures than those which have been illustrated above. Dr Elsie Watts wrote a few years ago that " the only idea of treatment for any internal disease that the native doctor has is to put hot irons on the outside and make a sore place on the skin." Can we imagine what suffering this must entail, especially when it is done to little children ? In " The Healing of the Nations " (Dr Rutter Williamson) it is stated that a native treatment for infantile convulsions is to place a red-hot iron to the spot on the child's head where the pulsations can be seen, leading, as it must do, to the destruction of all the scalp tissues. The reason given for this barbarous practice is that an evil spirit enters here and must be destroyed if death is to be prevented. The

author himself, during a brief tour in India, saw sad evidences of this unjustifiable use of the actual cautery.

As in China, so in India, one of the most prevalent forms of disease is that of the eye, and some very terrible examples of cruel and ignorant treatment have been recorded. Dr Vincent Thomas tells how there once came to his dispensary a man hopelessly blind in one eye, whose history disclosed the fact that what had been a simple inflammation had been treated by such vigorous counter-irritation to the temple that a ruinous and destructive inflammation had developed, leading to absolute loss of sight. Another instance that the same Medical Missionary reports is that of a young child brought to him for eye trouble. The poor mother, following the native treatment, had applied to each eye a paste made of lamp black, glue and another unmentionable substance. The result of this was total disorganisation of the eyeballs and hopeless blindness. In "Between Life and Death," Miss Irene Barnes gives a further fearful illustration of a native treatment for cataract. A woman patient came into a mission hospital, and gave the story that a few years before, when nearly blind, she had placed herself under the care of a "hakim," and to pay his fee had pawned her cooking vessels. He then had thrust a red-hot needle into the eyeball, dislocating the opaque lens, and occasioning not only intense pain, but permanent blindness! With what a shudder does the heart recoil from the thought of the sufferings of that poor woman.

And as may have been already gathered, it is the women who often suffer most and worst. In the seclusion of their zenanas, with only ignorant and low-caste women to attend to them in their hour of need, they suffer and die under fearful wrongs that are too

harrowing to describe. Our lady Medical Missionaries, who are often called to render help in these sad cases, have stories to give of the most frightful practices. The best that can be said is often that neglect forms the major element in the treatment. Is it any wonder that there is such a high maternal and infantile mortality in India? We ask again as the pen grows weary of chronicling this almost unending catalogue of needs and woes—Is there then no need for Medical Missions?

We travel on and come to one more of the world's great Mission Fields, this time

Africa

This vast land, fitly named by reason of its superstition and degradation "the dark Continent," presents no exception to the rule when the needs of its sick are considered. A belief in the perpetual presence and machinations of evil spirits dominates whole regions in Africa, and leads the African to attribute to such causes most of the sickness with which he is afflicted. His first thought is usually not "what is the matter" when illness overtakes him, but "who is the cause"; in other words, who amongst his enemies has cast a spell over him. The result is that he seeks the help of his medicine man or witch doctor, with the definite object of having the spell broken and the evil spirit sent away. Thus it is that around the poor sick person in Central Africa there settles down a night of debasing superstition. The subject of dread and delusion, the object of fear and loathing, the diseased African is one to be profoundly pitied and speedily delivered.

The witch doctors are a cunning and shrewd set of men, supposed to be possessed of special power over

malignant spirits and regarded by the ignorant people with great awe. They are unquestionably the very citadels of superstition and demoralisation in the districts where they exercise their baneful sway. Their "stock-in-trade" consists of a set of gourds, and the skin of an animal to which are attached charms. How they proceed when called to a "case" may be gathered from the following description, written by the Rev. John Weeks, of the Congo :—

"In diagnosing a case the 'doctor' must not ask any direct questions, but he overcomes the difficulty thus. He asks a series of very indirect questions, and if those present say 'Ndungu,' he knows he is on the wrong track ; but if they shout excitedly 'Otuama,' he knows he has guessed rightly ; and the more excitedly they say the word 'Otuama,' the nearer is he in his guess ; and the more indifferently they say 'Ndungu,' the farther he is from the truth. Hence, when the people of the village have gathered around him, he starts : 'There are such things as pains in the stomach.' 'Ndungu,' quietly say the people. 'Sometimes there are back-aches, headaches, and pains in the chest.' 'Ndungu,' is coldly repeated by the folk. The 'doctor' knows he has taken the wrong line, but he has narrowed the list of affected parts. He begins again : 'There are such things as severe pains and aches in the arms and legs.' 'Otuama,' say the poor folk. He now knows the affected part is an arm or a leg. So he goes on narrowing down until he says : 'Ah ! the right leg is bad.' The people excitedly exclaim, 'Otuama,' snap their fingers in astonishment, and look at the 'doctor' with awe and wonder.

"The 'doctor' has thus ascertained that it is the right leg that has to be treated. Now, what are the most

common complaints of the leg : rheumatism, boils, cuts, sprains, abscesses, etc. So again he starts, this time to discover the complaint and its exact location on the right leg, and the folk say coldly ' Ndungu,' as he misses in his guesses, or excitedly shout ' Otuama ' as, by his cunning process, he narrows the circle smaller and smaller, until at last, to the astonishment of all present, he says : ' The woman is suffering from a bad abscess on the inside part of her right thigh.' The people think that such a clever ' doctor,' who has found out all about the disease, etc., without being told, is just the man to cure the patient. He is consequently engaged and well paid.

" Should the patient not get better, but a series of abscesses break out, another ' doctor ' is called, by name ' Ngang 'a Moko.' He arrives and conducts an inquiry similar to the one above, but directed in such a way as to discover whether the patient is hated by any particular person who would like to bewitch her. After due questioning and much consideration, he states whether the woman is suffering from bewitchment, evil spirits, or from some unknown cause. If the latter, nothing is done except the abscesses are treated with medicinal herb plasters or some mess compounded by the ' doctor.' If, however, the ' Ngang 'a Moko ' (Moko doctor) says she is bewitched, her relatives call in another ' doctor,' who shouts to the witch to leave the woman alone, and calls down all kinds of curses and imprecations on the person bewitching her. In the quiet of the night you can hear a man going through the village beating a native bell and shouting to the witch to let the woman alone, threatening the witch to call in some noted witch doctor to search the wicked witch out and cause his or her death. But neither cursing nor entreating avail, for the woman becomes worse. Perhaps the ' Moko doctor ' said it was

an evil spirit of some deceased relative that was troubling her, so they resort to a ' doctor ' whose special business is to appease such spirits by sacrifices, or frighten them away by threats, by cursing them, and firing guns at them."

The modus operandi of those " doctors " differs in various parts of pagan Africa, but the foregoing will convey a clear ideal of the futility, absurdity, and heathenish character of such practices under which millions to-day are held in thraldom. When in addition to this is remembered the widespread extent of disease in the African continent, and how great is the suffering associated with many of the affections, it will be easily recognised that the claim for help and healing is appealing in its urgency. Is there then, we ask, once again, no need for Medical Missions ?

And now finally let us direct our attention to that great section of the non-Christian world,

The Lands of Islam.

It does not require much examination of the conditions prevalent in countries such as Persia, Arabia, Palestine, and North Africa, during the presence of sickness, to bring home the fact that here also we are faced with tremendous need. Practically all through these lands there is the most extraordinary ignorance of the proper nature of disease, and the way to effect a cure. Everywhere there is made apparent the darkening superstition that flourishes under the reign of Mahomet. The case is reported by Dr Rutter Williamson, in his " Healing of the Nations," of a little Mahommedan boy, son of a Turkish Governor, who became ill. A Mahommedan " hakim " was called in, and his treatment consisted in writing the name of " Allah " upon a saucer,

and then giving instructions that the writing should be subjected to a series of washings until all traces of the same were washed away! The inky fluid was then to be drunk by the patient, "who was bound to get better because he would have drunk the name of God so many times!" Far worse, however, are several other measures that are employed. In Arabia, the Kai or actual cautery is a favourite cure for many different affections. Holes are burnt in the skin in various parts of the body "to let the disease out," and even sick children of tender years are branded with red-hot irons. Amulets, charms, etc., are everywhere worn to protect "from the evil eye," and these often consist of extracts from the Koran.

A Mecca "M.D.," we read in Dr Zwemer's "Arabia, The Cradle of Islam," was also "watchmaker, gunsmith, and distiller of perfume; to fill up his idle hours he did a little silver plating and dealt in old coins!" And so we might continue bringing up instance after instance illustrative of the same appalling conditions. But enough has been said, and there are none who will not sadly admit that under Mahommedanism the terrible reign of quackery is dealing out woe and death amongst the sick on every hand. Can any deny the need for Medical Missions?

And now in closing this section of our subject, we earnestly submit that in view of the foregoing conditions the great Mission Fields of the world present to-day a state of necessity that is simply enormous for the healing benefits of Medical Missions. Whether it be Heathen or Moslem, the same need is everywhere manifest. And surely the only answer which the servants of Jesus Christ have any right to give to these suffering multitudes is the reply that is

embodied in Medical Missions. These races are entitled to share in the blessing of that healing science which we enjoy. It is not a case of giving them just as much as we think we can spare. It is pre-eminently in the name of every sacred instinct in our common humanity, the giving them that share of those blessings which conscience tells us is owing to them. The wonderful gifts of modern medical knowledge such as anæsthetics and antiseptics, have not been bestowed upon the favoured people of Christian lands for their use alone. They have certainly been given as a very solemn trust, to be held and utilised for the benefit of all races. They have been poured forth from the hands of a beneficient Creator not for the healing of the suffering European and American—and for him only—but for the good of distressed mankind in every quarter of the globe. Every moral obligation under which we are placed emphasises the truth of that fact.

"My little children," wrote the Apostle John, "Let us not love in word, neither in tongue, but in deed and truth," and he puts in the same place the pregnant question,—"But whoso hath this world's goods and seeth his brother have need and shutteth up his bowels of compassion from hom, how dwelleth the Love of God in him?"

Can we close this chapter in a more fitting way than by passing on that question to every Christian reader?

CHAPTER V

THE VALUE OF MEDICAL MISSIONS

"So I do from my heart believe that in these difficult places in some of the bigger cities in China and especially among the Mohammedans in Persia, Palestine, and Africa, the Medical Missionary, whether man or woman, is able to do a work which no other can do"
—Dr Herbert Lankester

In the previous chapter we were brought face to face with the enormous physical need for Medical Missions. On every hand there opened up wide vistas of human need. The ignorance was seen to be immense, the superstition saddening, the mal-treatment of the sick, terrible. Destitution sounded its note of sorrow in our ears, and across the seas there seemed to come "a cry as of pain." But great and obligatory as is the philanthropic function of Medical Missions, there is a higher and greater sphere for them than ever mere philanthropy can present. The supreme enterprise to which Christ has summoned His Church is not chiefly or merely the civilisation of the human race, nor even the alleviation of its physical woes and wrongs. What has been assigned to the Church as its dominating mission in the Divine plan of redemption is no less a task than the evangelisation of the world. And the ultimate standard by which any form of missionary activity must be judged, accepted, or rejected, lies in the degree to which it may be proved to contribute an effective solution of any of the problems which present themselves in the conduct of the

missionary campaign. We would therefore now invite consideration of the following ways in which Medical Missions attest their missionary value, and exhibit their striking influence in the propagation of the Christian Faith.

I. *Evangelistic.*

(*a*) As a Pioneer Agency :

1. By overcoming hostility and prejudice.
2. By destroying superstition.

(*b*) As a Direct Spiritual Agency :

1. By procuring a wide diffusion of the Gospel message.
2. By exhibiting an object lesson of the Gospel.
3. By securing time for repeated presentations of the Gospel both by lip and life.

II. *Social.*

As a Christian Social Agency :

1. By weakening such systems as Caste.
2. By acting as centres for public health reform.
3. By imparting a new standard to human life, especially that of womanhood.

III. *Educational.*

(*a*) As a Christian Educational Agency :

1. By supplying scientific Medical knowledge.
2. By training Native Medical Students, and raising up Native Medical Missionaries.

(*b*) As a Christian Philanthropic Agency.

By training the Native Christian Church in true Christian Philanthropy.

IV. *Economic.*

As a Missionary Health Agency :

1. By diffusing a proper knowledge of the preservation of health amongst the Missionary Staff.

2. By treating sick members of the Staff.
3. By guiding the health administration of Missionary societies.

Let us now examine these in detail.

I. *The Evangelistic value of Medical Missions.*

(*a*) As a Pioneer Missionary Agency.

1. *By overcoming hostility and prejudice.*—From the very inception of the missionary enterprise opposition and deep-seated prejudice have almost invariably been the lot of the Christian Missionary whenever he has been engaged in the introduction of the Gospel to non-Christian races. Whether it be amongst the fanatical Moslems with their cry of "infidel dog," amidst the teeming millions of the small world of China with their hostile epithet, "foreign devil," or throughout the haunts of cannibal savages, in nearly every place unfriendliness and prejudice encircle the pioneer of "Glad Tidings." And the question that constantly presses upon him is as to how this difficulty can be surmounted, this hostility changed into friendship.

Now no answer can be adequate which does not take into account the cause, and this, speaking generally, may be said to be twofold:—(1) Opposition to the missionary as a foreigner; (2) Opposition to the missionary as one whose avowed intention it is to overturn ancient and cherished beliefs, and inculcate a new and "western" religion. The hostility is therefore a very natural one. The non-Christian man does not recognise in the missionary his brother coming to tell him of the love of God, but on the contrary, views him commonly as the "hated foreigner." To the follower of Mohammed or Buddha the missionary is no messenger of salvation but rather one who unjustifiably seeks to

interfere with his faith and practice. Accordingly hatred is engendered and prejudice sinks deep.

Now it will be obvious that to attempt to meet this attitude by the direct preaching of the Gospel, without the assistance of any method calculated to place a new complexion on the missionary and his work, is to court disaster. We do not for a moment say that the simple message of the truth unattended by any commending feature is *never* likely to attain a receptive hearing. On the contrary, numerous instances stud the pages of mission history bearing out the wondrous power possessed by the Gospel to captivate the hearts of those strange to its tidings. But it is equally true that as a rule the evangelistic missionary finds himself in urgent need of a vantage ground from whence he can gain an introduction for his message amongst a people otherwise in opposition. Herein then lies the sphere for Medical Missions. Disarming hostility, earning gratitude, and winning love, this form of practical Christianity so turns the flank of the opposition that the once hostile fanatic, now transformed into the grateful patient, willingly listens to the Gospel from the lips of his benefactor, and in instance after instance goes on to become an earnest inquirer and a baptised believer as the direct outcome of healing as well as preaching. The key of sympathy unlocks the door of prejudice and gives to the pioneer missionary an opening of undisputed value.

Let us cite three examples to illustrate the truth of those words, two of them exhibiting the place and power of Medical Missions in opening closed lands and the other showing their value in dispelling ignorant prejudice. Many years ago the Church Missionary Society sought to obtain an entrance for the Gospel into the native state of Kashmir in the North of India. It sent

two of its most experienced missionaries with a staff of native preachers, but on three separate occasions these were driven out and the door to mission work was closed. Then the society resolved to send Dr Elmslie, a Medical Missionary, and to attempt to commence a Medical Mission. Gradually by his splendid surgery opposition was broken down, and a foothold gained in this hitherto impregnable fortress of heathenism. Other missionaries were enabled to follow, and to-day, as an outcome of that initial effort, there are mission stations throughout Kashmir where the healing of the sick is accompanied by the preaching of the Gospel.

Passing to the Far East the same striking value of Medical Missions receives telling emphasis in the story of the opening of Korea. Up to 1884 no mission work had been possible in that country, the rulers and people were determined to exclude the missionaries. In the autumn of that year, however, Dr Allen, an American Medical Missionary, was deputed to attempt an entry into Korea. He could only do so by becoming physician to the American Legation stationed at Seoul, the capital. For some time no opportunity presented itself for commencing any form of Medical Mission work. Then one night there occurred a riot in the city, during which the nephew of the King—Prince Min Yong Ik—was seriously wounded. Dr Allen was summoned to attend him, and when he arrived found about thirteen of the native doctors trying to staunch the bleeding wounds by filling them with wax. They gazed on in amazement as the medical missionary secured the bleeding vessels, cleansed and sutured the wounds. Dr Allen remained in attendance on the prince until he was restored to health again, and by this successful application of medical skill not only occasioned a revolu-

tion in the medical treatment of that country, but also obtained a marvellous vantage ground for carrying on missionary work. The then Government of Korea subscribed for the building of a hospital for Dr Allen, which was established under royal patronage, and where not only the healing of the sick was carried on but also the preaching of the Gospel. Other missionaries were allowed to settle in Korea, the people showed confidence in them, and to-day this once-closed land has been the scene of some of the most splendid triumphs of the Cross as the direct outcome of the work of medico-evangelism.

A short time ago a Medical Missionary of the Baptist Missionary Society—Dr Vincent Thomas—was engaged in medical itineration in a village district to the south of Delhi, North India. One morning there came to his dispensary a Mohammedan man suffering from a severely inflamed arm, the result of an untreated wound on his hand. It was a serious case, and demanded the utmost skill and promptitude in treatment. Dr Thomas devoted every attention to the patient, and, by God's blessing, his care was rewarded by a happy recovery. The man returned to his village, and for a year Dr Thomas did not see him again. Then it so happened that Dr Thomas was out on itineration once more, this time in the very vicinity of his former patient's village, of which it appeared he was the head-man. When he came to hear who Dr Thomas was, and remembered how he had been carefully treated a year previously, he invited the doctor to visit his village and speak to his people. Accepting the invitation gladly, Dr Thomas utilised the opportunity to preach the Gospel to the entire population of the place. After he had finished, the head-man said that he wished to say something, and the following

is the summary of his statement as translated by Dr Thomas :—

" Before I came to your dispensary last year, I used to hate and revile Christians, and never would I allow any ' padri ' to preach in my village if I could help it ; but when I came to you you never asked me whether I was your friend or foe ; you did your work well, and showed me kindness that I never deserved. Now I am ashamed of myself. I shall never treat Christians so again. They have a pitiful heart, which our religion does not give us. I shall not forget your words to us to-day. May God Most High be your guard through life, and give you peace and prosperity." And the men standing round said, " God has worked a miracle in that man's heart, for he would never have spoken like this about Christians before."

Can it be wondered, in face of such signal proofs as these, which could be multiplied again and again and taken from the history of Missions all over the world, that the Report of the First Commission of the World Missionary Conference contains the following striking expression of opinion :—" Medical Missions . . .are invaluable as a pioneer agency for breaking down the barriers of prejudice and dissipating misapprehensions concerning the Christian faith. Nothing can be more effective in disarming suspicion, and in modifying the attitude of both Government and people towards missionary work."

The words of Dr John R. Mott are also significant in this connection, specially as regards medical work amongst Moslems. Speaking in the Royal Albert Hall, London, in 1908, he said, in allusion to the Turkish Empire : " The medical arm of the missionary service must be further strengthened. I believe that Moslem

Turkey could almost be won by this one Christian method alone." Clearly, therefore, there is a call of the loudest urgency for all that can be done through Medical Missions in winning difficult peoples, and obtaining an entrance for the Gospel into the strongholds of bigotry and fanaticism.

2. *By destroying superstition.*—Widespread, deep-rooted, and enthralling, superstition offers considerable resistance to the work of the missionary. No one characteristic may be said to be more generally common to all the lands of non-Christian nations. It is the inevitable accompaniment, and ofttimes the mainstay, of many of the false religious systems found in these lands. Moreover, the superstition in belief finds expression in innumerable superstitious practices and social evils, which, holding the people in their deadening grasp, powerfully withstand the spread of the Gospel.

How, then, is this difficulty to be overcome, and the people's faith in their cherished superstitions to be destroyed? Our providential way presents itself. "In the life and thought of the non-Christian man religion and medicine go hand-in-hand. The man who is his fetish is also his medicine man." Accordingly, the superstition that reigns rampant in his religion, reigns equally in his conceptions of disease and its treatment, as indeed we have seen already. It follows, therefore, that no more fatal blow can be dealt at this awful evil, cursing alike body and soul, than by proving by living demonstrations the fallacy, fatuity, and powerlessness of the superstitious methods of treatment employed by the medicine man. Destroy the faith of the non-Christian man in his "doctor" and you have very frequently taken the surest and simplest course towards the destruction of his faith in the superstition of his religion.

Now this is exactly the work and logic of Medical Missions. Going right to the very cause of many of the stubborn hindrances that confront the missionary in his efforts to establish a native Christian Church, they constantly reveal how powerful is their aid in liberating the slaves of error, and in preparing a way for the "Sun of Righteousness to arise with healing in His wings." As an example, the following instance may be cited:—The wife of a witch doctor in Siam was unable to sleep on one occasion for many nights on account of a local abscess. Her husband tried his skill (their practice is that of "blowing" to remove the evil spirit) but all to no avail. Then other native doctors were called in, but with no better result. Finally in desperation they sought the help of a native "Elder" of the Christian Church in the district. This man, having a little medical instruction, was able to use a lancet and speedily gave great relief, and the patient slept for the first time for many days! Later on the patient and her husband came to the "Elder" to be instructed in the Gospel; for, said they, "since the methods of our fathers gave no relief, we have decided to leave all those things and take the Elder's God to be our God."

This is but one instance, and yet it will, we think, serve to shew how great is the usefulness of Medical Missions in weakening superstition and leading to its total abandonment. If, then, we have at command such a force for dealing with the difficulty of superstition, such a God-given way for proving its foolishness, is it not unwise if we do not use it to the full?

(*b*) As a direct Spiritual Agency.

It has already been shown how vital is the spirit of evangelism in the work of Medical Missions. It is their very life blood. The Medical Mission that

does not make the winning of souls its supreme purpose, that does not strive mightily to lead its patients to Christ, may be a perfect pattern of philanthropy, but it is certainly not a Medical Mission. True indeed that now and again amid the insistent calls for the healing of the body the great end becomes obscured, but it is never lost, except at the sacrifice of the Medical Mission itself. In season and out of season, with unceasing vigilance, the spiritual aspect of Medical Missions must be maintained and enforced. In the words of the Rev. G. E. Post, M.D. : " The ministry of healing has also a motive and an end above itself, which raises it to the highest plane of Christian service. This motive and end are the saving of the soul from sin and death."

The Medical Missionary is therefore essentially a spiritual man, energised by the Spirit of God and employed upon a double errand, in the pursuit of which he is never satisfied until having used his God-given science for the healing of sickness, he has also led those to whom he ministers to the feet of Christ.

The point, however, which more especially concerns us at this juncture is the contribution that Medical Missions are enabled to make in multiplying the fruits of evangelistic effort. For it needs but a moment's consideration to appreciate the fact that again and again the evangelistic missionary is in need of such help. In the bazaar, by the wayside, in the chapel, on new ground, whenever and wherever he has opportunity, it is his purpose to present to the people the story of the Gospel. But in doing so one difficulty very frequently presses upon him,—viz. that of securing on the part of his hearers an intelligent appreciation of the message, and permanently impressing them with its truth. His audiences are constantly changing;

in large measure they are composed of those to whom the Gospel is something new and strange, and whose minds and consciences are blighted by false faiths, ancient superstitions, and the sins of ages. These people even if they were willing to accept it, cannot easily understand the Gospel: they need patient and repeated explanation. And in order that this may be done there must be some definite hold established on them by the missionary, and some vital point of contact set up. It is just here that medico-evangelism steps in and acts as a direct evangelising agency in the following three-fold way :—

1. *By securing a wide diffusion of the Gospel message.* —Medical Missions have been called, with some aptness, "the magnet of the missionary force," and their unique service in bringing large audiences under the sound of the Gospel cannot be over-estimated. It would be a difficult thing to find a single medical station throughout the non-Christian world which lacked patients. There is this further fact, too, to be noted, that through the work of hospitals and dispensaries practically every class of society is reached, including many who would not otherwise be brought under the influence of the Gospel. Again and again have patients of the higher classes been treated in Mission Hospitals, and by means of their stay been brought to better appreciate the work of the missionaries. Equally also have the poorer people, even to the very lowest, come within hearing of the saving message, through their attendance at these healing institutions. It is safe to say that there is no grade of heathen society that does not stand to receive some echo of the Gospel through the agency of Medical Missions. The result is that the Gospel is carried far and wide and the grateful patients act as agents in spreading a know-

ledge of the Medical Mission, and bringing back with them patients similarly afflicted. Moreover, of those who become converted as well as healed, many go back to their native places there to tell others of the love of God and gather together a company of believers.

2. *By exhibiting an object lesson of the Gospel.*—There is no view more hopelessly antiquated concerning the work of Medical Missions than that which lays all the emphasis upon their value as a means of opening up the way of the Gospel, as Dr Harold Balme has pointed out, or in other words, that their greatest missionary function is comparable to the entering "wedge." Such a teaching as that, in the very nature of things, relegates Medical Missions to an entirely subordinate position in the missionary enterprise. It stamps their service as something which, while useful as an auxiliary agency, is not an essential and integral element in the presentation of the Christian Gospel. Judged by a doctrine of that kind, Medical Missions stand at once to lose greatly in their importance to the work of establishing Christianity in non-Christian lands. Their contribution to the great end becomes partial and passing, and their share in the ultimate triumph one that is entirely secondary.

Now, if Medical Missions mean anything at all, we venture to urge very strongly that they mean infinitely more than the teaching just referred to would assign to them. True, indeed, as we have seen already, they are calculated to render a unique service in finding a path for the Gospel message, and in meeting the problem of prejudice and superstition. But their work does not end there. Granted that Medical Missions are rightly presented, and their functions brought adequately into play, and it becomes self-evident that they are a

living object lesson of the Gospel of Jesus Christ. They do not just make a way for the Gospel. They embody it, give to it a tangible expression, and by word and touch, present the Gospel to a world of needy sinners. Medical Missions, as it were, take the marvellous story of redeeming love, and give to it a graphic portraiture, and then hang this up, and interpret it to men. Far from exhausting their usefulness, when the Gospel has gained a foothold in some new territory they go on to a yet more glorious service in so delineating the beauty of the Gospel that the indifferent are attracted and the sceptical won.

And there is surely no strangeness about this. Medical Missions are not exploiting some new scheme, or marking out an untried pathway in the contribution they thus bring to the forces of the Gospel. It has been shown already that their supreme glory rests in the fact that theirs is the Christ method, the pathway of the great Exemplar. In Jesus Christ and in the manner in which He incorporated their peculiar service in His ministry to man, Medical Missions secure their rightful position in the work of the Gospel. Glance back again but for an instant to that point when Christ was appealed to by His forerunner to declare whether He were the Messiah or not, and we see that His answer assumed the exact form, so it may reverently be said, of a Medical Missionary incident. In a way that was both graphic and wonderful Our Lord permitted the ministry of healing to take a most vital place in the revelation that He gave of Himself, and by so doing made it clear to all His subsequent followers how valuable was the position they should assign to the healing of the sick in the setting forth of the Gospel.

Moreover, this aspect of the value of Medical Missions

requires no argument to prove its reasonable character. Indeed, as was shown in an earlier chapter, the Medical Missionary method is one of the most wholesome sanity. Consider for a moment the necessities occasioned by the condition of the non-Christian peoples to whom we seek to bear the Gospel. For long centuries their powers of spiritual perception have been dimmed by ignorance and superstition. In many respects they are in this particular, child races. Their introduction, therefore, to a new faith needs to be carefully conducted lest their ideas concerning it become confused. It becomes an obvious necessity to interpret the new teaching by means of some practical demonstration of its essential characteristics.

Here, then, is found both the place and power of Medical Missions. Taking that sublime word "God is Love," this method writes it in the language of kindly deed, healing mercy, and compassionate sacrifice, and it becomes alive with a meaning that the Hindu, the Mohammedan, the Buddhist, and the Animist all find no difficulty in understanding, because they have been taught it by way of illustration. Dr Arthur Lankester of North India, once said: "If we want to write the teaching of our Lord Jesus Christ in very big letters, so that those who cannot read theology, and do not understand science or philosophy can read it very easily, the best way of doing it whether it be for an individual, a village, a town, a district, or a nation, is to start medical aid for the poor." And as a touching instance of the truth of these words we may cite the saying of some pain-worn Persians to whom a Christian lady traveller was administering some simple remedy: "We have no priest doctor in the likeness of Jesus."

A few years ago there occurred in the city of Tai Yuan

Fu, North China, a serious outbreak of a most malignant type of fever. It quickly spread, and amongst the worst sufferers were the poverty-stricken and homeless beggars who are such a characteristic element in Chinese cities. Neglected and loathsome, these poor creatures crept to dust heaps, there to linger out their days of misery and sickness. On the part of their heathen fellow-countrymen nothing was done for them Who would care to move a finger for such as these! In that city, however, there were medical missionaries, and it did not take them long to make up their minds that something must be done. Be they ever so low, these poor degraded beggars were still men, and men with bodies to succour and souls to save. And so the doctors got hold of a disused open-air theatre stage, opposite to the gates of their hospital, and to that place they conveyed a group of these beggar sufferers. Their filth and horrible condition were impossible to describe. But they were ill with a malignant fever, and their only chance of life lay in steady unremitting attention on the part of the doctors. And so these Christian men, with their own hands, carried food and medicine to them, and day by day lavished as much kindness and skill upon them as if they had been patients of wealth and position. Some, alas, died, yet even in their cases were the last hours less pitiable than they would have been. Others recovered, and were full of gratitude to the Good Samaritans of another nation who had bestowed such love upon them.

Now, wherein lay the chief and most permanent value of that incident? Was it in the few lives saved from death? Nay, not in that, but rather in the telling illustration of the Gospel that was given in this way to the whole of that heathen city. It was a revelation of

something utterly new, and of a message that was absolutely foreign to any doctrine of heathen belief and practice. Men who had before been indifferent to the missionary teaching, or openly sceptical, now began to ask whether after all the Christian religion was not worth having. And by this simple yet thrilling piece of Christian medical heroism, the heathen of Tai Yuan Fu obtained a bigger insight into the realities of the Gospel than years of ordinary evangelistic preaching would have given to them. Let us therefore enlarge our whole conception of the spiritual utility of Medical Missions, and conscious of the remarkable potentialities with which God has endowed them, do our utmost to hasten their spread throughout the world.

3. *By securing time for repeated presentation of the Gospel, both by lip and life.*—This is especially true regarding the work of mission *hospitals*. Daily and constantly in these institutions the Gospel is lived before the patients in loving acts and healing care. From the lips of doctor, nurse, and native evangelist the truths of the Gospel are explained, and the special spiritual need of each patient is dealt with. Thus during the time spent in the hospital abundant opportunity is given for bringing patients into touch with Christian teaching. Furthermore, the experience of the *dispensaries* leads also in the same direction. The out-patients who attend them require to come most commonly, not once or twice, but many times, and each occasion offers to the doctor a renewed opportunity for explaining the Gospel. Then, too, as the medical missionary visits in the homes of the people, Christ is held forth as the Saviour of souls, and by conversations the means are secured for opening up the truth to the inmates of whole households.

Finally there is this all-powerful reinforcement to the

spoken word—that there exists between the doctor and his hearers a bond of practical sympathy. The fact that he, as a doctor, is seeking to heal them provides the ample reason why he, as a missionary, should receive their attention to the word he has to preach. "The physician who has given his knowledge and strength to the sick man has a special right to speak to him on the state of his soul, and the patient will listen to him with a confidence and affection which he can have for no other man." Suspicion is replaced by trust, and a sure basis laid for successful evangelistic effort.

For a moment or two let us glance at some examples of the spiritual success attending the work of Medical Missions. Directing our observation to China, we cull an instance from the records of the Tai Yuan Fu Medical Mission of the Baptist Missionary Society. Years ago there went back from that hospital to his village home one of the many eye patients whose sight had been restored by an operation by Dr E. H. Edwards. Reaching his home he spread reports of how "the blind were made to see." Six blind men, hearing this, resolved to get a guide and to take a long thirteen-day journey to the hospital at Tai Yuan Fu. This meant crossing mountain passes some four thousand feet high! Each man took hold of the staff of the man in front of him and thus all were led by the one guide. Alas! when they got to the hospital only two stood any chance of a cure, and even in their cases the chance was remote. These two remained, however, six months, and attended in that time the daily services. Gradually the light of the Gospel dawned upon them, and ere they started back home, sad to say, still blind, they had confessed Christ by baptism. They were urged to witness for Christ and did so very faithfully, one of them even arousing not a little

opposition amongst his own family. In time this one was sent to the school for the blind at Peking, and there developed into a good evangelist. Going back afterwards to his home he was led into work with a missionary of the L.M.S. and by God's blessing upon their united efforts there is now a Church of over three hundred members in the district.

Another instance is found in the letter of a missionary who wrote home from a Chinese centre, saying that "nearly all admitted to the Church in this city have been brought in through the hospital." And again we have it recorded that as the outcome of the cure of a man some years before at the Amoy Presbyterian Mission Hospital there were formed no less than seven Christian Churches with a membership of from thirty to a hundred in each.

It is not difficult to understand in the light of facts like these that the late Rev. Dr Griffith John said on one occasion that he regarded the London Mission Hospital at Hankow, the station at which he laboured, as a "great spiritual power!" How true seem the words of the celebrated lady traveller, the late Mrs Isabella Bird Bishop:—

"Perhaps one may say that of all the agencies now in use in the world in heathen countries, the Medical Mission is the most efficient in bringing those people who are sitting in darkness, and in the shadow of death, to know that the Dayspring from on high hath visited us to guide their feet into the way of peace."

The limitations of space forbid our drawing on the experience of other Mission Fields for additional proofs of the spiritual fruitfulness of Medical Missions. Yet, we venture to think, there will be few, if any, who question the general application of the foregoing character

to this missionary service wherever carried on as it ought to be. As the late Rev. Dr Pierson wrote :—

" Medical Missions are not only destructive of superstition and false religion, they are constructive of a new faith and life. Body and soul and spirit have all been poisoned and diseased by sin, and redemption must bring salvation to the whole man."

Long may the spiritual bow of Medical Missions abide in its strength !

II. *The Christian Social value of Medical Missions.*

Up till now we have been concerned with a consideration of the supreme evangelistic value of Medical Missions, and have seen that therein was to be found their crowning glory. It is equally true, however, that in the background there are numerous indirect and secondary influences, arising out of this work, which give to the subject an expansiveness of scope, a fulness of significance, and a largeness of purpose not otherwise grasped. To quote the words of Dr J. S. Dennis in his fine work, " Christian Missions and Social Progress " :—

" *Missionary effort has a sociological sphere to fill as well as an evangelistic.* It has necessarily to come into contact with corrupt social customs, non-Christian practices, barbaric ideals, and a complex heathen environment. . . . It therefore becomes clear that the mission of Christianity is to transform and elevate man, as well in his associate relationships as in his individual life, and to build up throughout the heathen world a civilisation whose centre is a church of redeemed souls, and whose circumference is only measured by the radiating influences of Christian teaching and practice."

Now, in the very essence of things, the work of Medical Missions is that branch of missionary activity which

perhaps more than any other touches this social side of missions. The medical missionary deals with all aspects of human nature. He comes into contact with all classes of men, and his task is one which peculiarly gives to him the position and power for dealing with many of the complex social problems of heathenism. Thus it is that Medical Missions have exercised broad secondary influences in antagonising evil customs and stimulating reform measures in the body politic of heathen lands. The following are three prominent instances of the ways whereby they discharge this service :—

1. *By weakening such systems as caste.*—There is no greater social evil in India. Sir Monier Williams says : " It is difficult for us Europeans to realise how pride of caste, as a divine ordinance, interpenetrates the whole being of the Hindu. . . . Caste rules, which we believe to be a hindrance to the acceptance of true religion, are to him the very essence of all religion. They influence his whole life and conduct."

How then does Medical Mission work weaken this system ?

(*a*) *It makes the relief of sickness independent of caste distinctions.*—Gathered, waiting for the medical missionary, may frequently be seen, side by side, " the Brahmin, Sudra, and Shanar, the Pulayer and Pariah, the Devil Worshipper, the Worshipper of Siva—men and women of all castes and creeds." This mixing up is absolutely in defiance of caste rules, which places barriers between man and man, destroying individual liberty. By the medical missionary all are treated alike, and in obtaining the needed aid caste is broken, and its influence in time is destroyed. It was the privilege of the author some years ago to spend a few days as a visitor at the

Medical Mission at Palwal, North India, conducted by Dr Vincent Thomas. At the service which preceded the medical work he saw one morning, seated close to each other in the group of out-patients, a Brahmin, a man of the shopkeeper caste, two or three low caste men, representatives of the agricultural caste, a Parsee, a Mahommedan, and some Christians. What other missionary method would prove so successful in drawing all these together, and causing them, for the time, at least, to think less of their differences !

(*b*) *It illustrates and teaches human sympathy.*—Caste eradicates human sympathies and destroys compassion. To relieve a poor sufferer must never be done, if by so doing caste will be broken. On the contrary the meritorious course is to " pass by on the other side " and leave him to die. Medical Missions stand for the exact opposite of this, and thus are surely undermining caste by the expulsive power of a new and loftier principle. Writing a year or two back on " Caste and Medical Missions," the Rev. F. W. Hale, of North India, used these words : " Caste is bolted and riveted down upon Indian society and at times we feel discouraged about it and are apt to think that no assault will tell ; but there are forces at work which are wearing down weak places . . . and of religious forces there is none more potent and persistent to this end than the work of a Medical Mission. Wherever you have a live Medical Mission you have carried a sap under the very walls of caste."

2. *By acting as centres for Public Health reform.*—As surely as cleanliness is next to Godliness, so certainly is a foul environment incompatible with the laws and practice of Christianity. It is likewise true that a condition of public health is in close relationship to the

successful diffusion of truths concerning spiritual health. How often is spiritual teaching altogether foiled and blighted by the utter neglect of all physical hygiene! So even the prevention of sickness, just as much as its cure, comes within the scope of the medical missionary, who is of necessity a sanitary reformer, and who, by so doing, is meeting a tremendous need in Mission lands, while he supremely contributes to the spread of Christianity.

The need is vast. "China is notorious for the neglect of proper sanitation . . . in times of sickness the condition of sufferers . . . is extremely deplorable." Indian villages afford examples of the entire disregard for all sanitary precautions. "In one and the same tank clothes are washed and people bathe themselves, while, also, here is to be found the supply of water for cooking and drinking." In large towns the high infantile death-rate is due mainly to ignorance and all absence of sanitation. "In some villages of Ceylon, chiefly owing to the filth and immorality of the people, there is hardly a home free from some kind of painful sickness. Thus arise cholera, plague, and other diseases."

Now it will need no enforcement to make clear the obvious influence that Medical Missions must exert in correcting these grievous conditions. The medical missionary is naturally the one who is qualified to give the needed instruction for the introduction of a better system. He it is to whom the local officials often turn for advice upon health measures by local officials, and through the suggestions he can make many a baneful source of disease and suffering can be mitigated or banished. Hence do we here find another of those valuable by-products of Medical Missions which is

calculated to yield such important results in the purifying and elevating of the lives of the nations.

3. *By imparting a new standard to human life, especially that of womanhood.*—Philanthropy in the sense in which we understand it has no place in the world of heathenism and Mahommedanism. As has been said: "Outside of Christendom, 'every man for himself' is the rule pretty much everywhere. The sense of a common humanity is absent." Particularly in the direction of womanhood is this very noticeable. Nothing is so generally a characteristic of the various divisions of the non-Christian world than the degradation of its womenfolk. Consequently it is to the lady doctors working in Zenana Medical Missions that there comes one of the most striking opportunities for exerting a beneficial and uplifting influence in this connection. Treated as of less value than a cow, degraded by countless indignities and barbarities, and neglected in time of sickness, the lot of a Hindu woman is inexpressibly sad. The care of medical missionaries for sick women is thus a new thought altogether to Hindu men, and means far more than can be told to the women of these lands. Moreover, by establishing this new standard for woman's life, one of the greatest strongholds of heathenism is attacked, and superstition undermined at the very centre of a nation's life.

The stimulus supplied to purely philanthropic efforts by the work of medical missionaries has also been marked. Who can measure the contribution that Medical Missions are making year by year to the fight that is being waged against the ravages of disease and suffering! In combating the deadly plague, in instilling right principles for the prevention and treatment of disease, in searching for the cure of sleep-sickness and

ministering to the needs of its victims, as well as in numerous other directions, Medical Missions are taking a noble position in the realm of scientific medicine, and setting a high standard before the awakening sense of philanthropy in non-Christian lands. It is therefore clear that the results accruing to the social labours of Medical Missions are broad and potent, and of a nature calculated to claim the fullest and most whole-hearted support.

CHAPTER VI

THE VALUE OF MEDICAL MISSIONS (*continued*)

"Educate! Educate! Educate!"
—*The late* Rev. Griffith John, D.D.

III. *The Educational value of Medical Missions.*

(*A*) As a Christian Educational Agency.

There is hardly any single direction in which Medical Missions have claimed more attention or offered more striking and unique opportunities during the past decade than in educational work. On every hand missionaries have been faced with an awakening world. Nations that were hopelessly behind, and utterly outside the stream of modern learning but a generation ago, have been stirred with a mighty thirst for "Western Knowledge," and are fast on the road to acquire it. Old ideals have been dethroned, ancient systems of knowledge displaced; and although a vast amount of inertia and conservatism yet prevails, it is fair to say that the world to-day is not far from being a world at school.

Now it will need no argument to point out how immensely important it is from the Christian standpoint that the sources from which the new knowledge is derived should be Christian and not agnostic or heathen. Indeed it may be said that from every aspect it is of supreme importance that the religious and moral element should enter vitally into the world's new era of education.

Never were there truer words uttered than those by Lord Macaulay when he said that " nine-tenths of the evils that afflict humanity come from a union of high intelligence with low desire." And once let the world quench its thirst at springs of knowledge which are in their essence materialistic and non-Christian, and the whole race will suffer from a great dehumanising influence and be removed yet further from God. Hence the pre-eminent value of the work that Christian missionary educators can accomplish, the need for which is clearly stated in the following words from the Report of the Third Commission of the World Missionary Conference :—

" With due recognition of the many elements of truth and value in the non-Christian systems of religion and ethics, we should nevertheless be faithless—not alone to our religion, but to the facts of experience—if we did not at this time re-affirm our conviction that the education of the world demands for its highest and best development those elements of truth which are the peculiar contribution of Christianity to the world's thought and life."

Now if there is one branch of learning, one division in the great school of knowledge to which all these considerations apply more forcibly than to any other, it is surely to that of medicine. For, as one writer has said, whilst Medical knowledge can be put to the noblest purposes, it can also be degraded to the lowest. The ability to heal disease, the possession of skill to win back health to those from whom it has flown is something that confers enormous responsibility, which may be used or misused. If it be allied to Christian truths and principles it will be regarded as a solemn trust and discharged as in the sight of God. If it have no such alliance, if it be something which is held by itself alone,

then it becomes an instrument of good which all too frequently undergoes a metamorphosis into a weapon of evil. Accordingly how vital is the necessity that medical education on the Mission Field should be in the hands of medical missionaries, and given by Christian teachers, who will bequeath the sacred possession safeguarded and interpenetrated with Christian knowledge and principle.

Medical Missions therefore appear before us at this stage as a medical educational agency, and reveal their value in that connection in the two following ways :—

1. *By supplying Scientific Medical Knowledge.*—To those who have followed the points brought out in an earlier chapter the need for such knowledge will come as no surprise. The vast heathen and Moslem world has been seen to be in the grip of ignorant, barbaric, and superstitious ideas concerning the human body and its ailments. Plainly therefore an agency which can clear away erroneous views and create a system of scientific medical practice is one which is bound to prove of immense beneficial value. Medical Missions can, and do, perform this very necessary function, and at the hands of men and women medical missionaries—many of whom possess the highest medical qualifications—the non-Christian world is receiving to-day the great and blessed gift of medical science.

2. *By training Native Medical Students and raising up Native Medical Missionaries.*—For it is not enough to carry to a people a system of knowledge, their own sons and daughters must be trained to propagate it. Only by so doing can the value of the gift be rendered permanent and enduring. It is therefore in this yet further way that Medical Missions prove their great value as a Christian educational agency.

Writing recently, Dr Duncan Main, of China, said: "Now is our opportunity, and our opportunity is our responsibility. China is awake, and she needs, and I believe, wants, Christian light and teaching, and I am sure that there is no better way of giving her them than through a Christian Medical School, which is truly missionary and evangelistic."

All that can be said in urging the need and value of Medical Missions as a whole can be said for this particular branch of that work "a fortiori." Indeed we would go further and say that there is here to be found one of the cardinal elements in the entire medical missionary plan of campaign. Never can it be thought that by the service of medical missionaries sent out from the home base all that needs to be done by Medical Missions can be accomplished. Pre-eminently there must be called into being the work of those sons and daughters of the Church on the Mission Field who, having been trained in medicine, can with the greatest effectiveness, and with the most enduring features, incorporate the service of Medical Missions in the world-wide spread of the Evangel of Christ.

At the Medical Missionary Conference held in Edinburgh, 1910, all that has just been said received ample confirmation by the following three Resolutions, which were unanimously adopted:—

(1) "That more and more thoroughly equipped medical schools should be established in suitable mission centres, and that as many natives as possible should be trained for the various branches of medical missionary work, for the double reason:—

(*a*) Because the work gathering round mission hospitals, and the work of medical evangelisation, can never be overtaken by foreign physicians; and

(*b*) Because the native can reach his fellows in a way in which the foreigner can seldom do; is more easy to secure; is more economical to support; and has proved, in various mission fields, to be capable of becoming an efficient nurse, hospital assistant, physician, surgeon, and medical missionary, and in many cases in China can occupy positions of importance in connection with Government and other public service, where Christian medical men could exercise a powerful influence for Christ.

(2) "The meeting also is of the unanimous opinion that the thoughts of some of the more highly educated natives should be directed in increasing measure towards the medical mission schools and colleges which are springing up in many lands.

(3) "That in the Christian medical colleges now being established in increasing number in China and elsewhere, the fullest co-operation possible between the missions working in any particular region is eminently desirable, and that not only because of the spiritual gain which is sure to accompany union, but also for the purpose of economy, efficiency and permanence in the preparation of native workers for the medical missionary field."

These striking and influential pronouncements may be accepted as the practically universal judgment of the whole medical missionary force, and it will thus be seen how strong is the feeling in favour of a development of Christian medical education. Since the date of the above Conference, the urgency of this important matter, particularly as it affects China, has made itself felt throughout all missionary circles, and at the Conference of Representatives of Missionary Societies in Great Britain and Ireland, held at Swanwick in June 1912,

a report upon the subject of medical education in China was specially discussed. The matter is now receiving the careful consideration of the Continuation Committee of the World Missionary Conference, who have taken steps to investigate the whole question, and this by itself alone will convey a sense of its immense importance. It is to be greatly hoped that such will be the success attending the efforts to frame a policy for the future as shall ensure to the Christian Church the maximum value from this educational work.

In a book of this kind, it is not possible to enter into any elaborate detail regarding this aspect of Medical Missions, and we must content ourselves with a brief reference only to (1) the medical training of Indian Assistants, and (2) the problem of Medical Mission Colleges in China.

(1) *The Training of Indian Medical Assistants* (i.e. *non-graduates*).—It will be recognised at once that in India we have to do not only with the medical education that may be afforded by Medical Missions, but to a far larger extent with the education in medicine that is provided for by the Government. In other words, that the main question as it affects Medical Missions is not the medical education of the natives, but the training of a sufficient supply of native assistants for the present and future work of mission hospitals and dispensaries. At present there are four Medical Mission centres in India, where medical training of the "Hospital Assistants" or "Sub-Assistant surgeon" grade is provided for men students. Three of these, viz., Miraj (A.P.M.), Travancore (L.M.S.), and Jammalamadugu (L.M.S.), are Medical Schools established by and conducted under the auspices of Missionary Societies. The period of training is four years, and at the close a school diploma is awarded to

successful students. The point aimed at on the professional side is equality, in the standard of qualification, to that of any similar Government institution; and as the Christian medical school will have smaller numbers than the Government school, it should afford larger opportunities for personal attention. A system of Biblical instruction prevails throughout the course of study, and at the end of the training the "Medical Evangelists," using that designation in its missionary significance, pass into mission service and are eligible for the staffing of branch dispensaries, and for the work of assistants in mission hospitals. The Medical Missionary Association of India through its executive and principal branches has endorsed the suitability of the Miraj school for a union institution to be worked by various missions, and affiliated to the Bombay University.

The fourth training centre is found at Agra, and consists in an institute carried on as a branch of the Edinburgh Medical Missionary Society. Here the students do not receive their medical training under the auspices of the mission, but attend the Agra Medical School of the Government Education Department, from which they obtain their qualification. They pass through the medical course in exactly the same way as non-missionary students, receiving all the while Bible training in the institute for the missionary side of their vocation.

Whether, however, these "Medical Evangelists" obtain their professional knowledge in a medical missionary school or in a Government school, the great importance of aiming at the development of a class of assistants who will be actuated by true missionary motives cannot be emphasized too strongly. What are needed are not those who at the close of their

training will enter mission service because they are bound over to do so for a given number of years, but those who will of their own free choice dedicate their lives to the work of Medical Missions. The late Dr Wm. Huntly, who was for so many years the able superintendent of the Agra Institute, drew attention to this point in the July 1912 issue of "Medical Missions in India," and pleaded that "if we are to aim at having assistants who will, in the best sense, be co-workers," then there must be generated in these training centres, as their very *esprit de corps*, personal loyalty to the cause of Christ.

Our Indian Medical Missions need medical evangelists of this type. The future success of the work largely hangs upon their efficient co-operation, both missionary and medical. Without their accession to the ranks, in far greater numbers than hitherto, it is difficult to see how the magnificent potentialities of Medical Missions can ever be adequately brought into play amongst the innumerable villages of India. But given their fellowship in the service, who can measure the contribution that Medical Missions might go on to make to the evangelisation of India? We would therefore record our emphatic sense of the value of these Medical Missionary training centres for the equipment of a native agency.

(2) *Medical Mission Colleges in China.*—It is well, perhaps, that we should start by getting clear views as to what is meant by these colleges, seeing that, unfortunately there seems to exist a good deal of misconception concerning them. Too many friends of Medical Missions, it is to be feared, still have the idea that the work of a medical college in connection with a Missionary Society in China is something not

genuinely missionary, something, quite true, that may be very good, and very necessary, but is not, after all, real missionary work. Yet nothing could be farther from the truth, nor more lacking in proof.

The one great aim of a Medical Mission college is "the furthering of the interests of Christian Missions." As has been pointed out already, their primary purpose is to prepare native medical missionaries. And so strong is the evangelistic note running through the work of these colleges, that it is the yearly experience that students who have been admitted as non-Christians become Christians in case after case, and are baptised ere their course is finished. Bible classes, definite Christian instruction and practical evangelistic work figure as integral parts of the curriculum of all these institutions, and so the only correct view to take of them is that they are clear and distinct missionary agencies.

Let us for the moment think of the evolution of these colleges. From the very beginning of medical missionary work in China there was felt the natural need for trained assistants. As Dr Duncan Main has said, "Without trained natives it is impossible to carry on efficient work; we foreigners can do very little without our native assistants, and they cannot be got unless we train them." And so the earlier medical missionaries began to gather and train their own assistants. In the words of the late Dr Stanley Jenkins, "Medical education in China is as old as Medical Mission work, and rests on a like basis of reason and necessity."

But presently it became very clear that though the results that were attained were of a most encouraging nature, and of a degree calculated to reflect great honour upon the energy and resourcefulness of the devoted men and women who took up this work, yet that the "one

man medical school" attached to a busy mission hospital was hopelessly inadequate. The limitations of time and strength, the increasing complexity and tremendous advances of medical science, the undermanned state of almost every hospital centre, the incessant demands of the medical, evangelistic, and administrative sides of the work of Medical Missions, all united to press home the fact that medical education could not be given to the Chinese in any satisfactory manner if it had to be fitted in, so to speak, upon the top of all these other multifarious duties. Moreover, as Dr Jenkins pointed out, if the look were directed to the future, and it were remembered that very possibly, nay, almost certainly, the coming medical men in China will be required to hold a State recognised diploma, then unless the work of medical education, with its immense potentialities, were to be allowed to slip out of the hands of medical missionaries, it was of supreme importance to so consolidate and standardise the work of teaching, as to render it possible to win and retain the ablest students.

Accordingly, there arose a movement amongst medical missionaries in China for concentrating the work of medical education in a few centres, where the teaching could be given by a group of men or women doctors, and where suitable and efficient equipment for training purposes could be provided. The day of small things was recognised as past and over, and the need for taking in hand the work of medical education in a thoroughly effective manner, more particularly in view of the birth of a new China, was seen to be an urgent necessity. If this was, however, to be successfully accomplished, it became perfectly obvious that any one society, under the existing condition of missionary resources, both of staff and means, could not under-

take the task alone. To hope to attain, in any satisfactory degree, the end desired, it was clear that co-operation between Societies must be the watchword, and union medical colleges be the kind of schools established. The China Medical Missionary Association devoted special consideration to this problem, and in view of the danger that more of these schools would be brought into being than could ever efficiently mature, it first propounded a scheme whereby union medical colleges, as carried on and supported by the missionary body, should be confined to five centres, roughly distributed over the country. This idea of concentration was unquestionably a wise one, but it seemed probable, seeing that a few other schools beyond the five suggested by the Association had gone beyond the point of suggestion, that there would not be quite such a limited number as had been proposed. It was therefore no surprise that at the last Triennial Conference of the Association, held in Peking last January, the strong recommendation was adopted to concentrate upon eight Union Medical Colleges. The subject of the future policy that is to govern the work of medical missionary education in China is at the present time receiving special investigation by leaders in Medical Missions, both at home and in China. In this connection, special mention must be made of Dr Cochrane, of the Union Medical College, Peking, to whom this aspect of Medical Missions is greatly indebted for his tireless advocacy and splendid enterprise.

This, then, in broad outline, is the present situation of the educational work of Medical Missions in China. Of necessity there is a wealth of detail to which no allusion has been made, but sufficient has been said, it is hoped, to draw attention to the great value of what is being undertaken in this direction. Four

points only require to be noticed ere we pass from the subject.

First, that at the present moment the union medical colleges established by the various missions in China, practically hold the whole field of medical education in that great land. There are, it is true, two Government Colleges, and the Hong Kong School of Medicine, but for all practical purposes, the Medical Mission colleges are the centres which to-day constitute the source of China's medical education. And therein lies at once a great opportunity and a solemn responsibility. To the Christian churches of the West has been given the almost boundless opportunity of raising up in China not a medical profession merely, but a medical profession on the side of Christianity. Instead of the future doctors of that mighty land being educated by teachers who have no religious belief, and who will materialise their students, Christian missions have now the sublime occasion for impregnating the new medical era of China with Christian truth and teaching. Can it be questioned but that in this lies a matchless opening for the furtherance of the Gospel? But there is this grave responsibility coupled with the opportunity. Everything points to the fact that ere long China will establish enough medical schools of her own, and her students of medicine go to those institutions. Once that point has been reached, China's plastic stage will be over, and Christian higher education will be reduced to the negligible quantity that it is to-day in Japan. Hence the urgency of the present situation cannot be overemphasised. We are in a position of leadership and influence now. A few years hence and those functions may no longer be ours.

Secondly, the aim of this work is not to found British, American or Continental medical schools in China, but

to train and guide the people of China themselves to found their own medical schools. We are indebted to Dr Duncan Main for laying stress upon this important fact. It would be altogether alien to the spirit of missions, and would do their cause a great dis-service were the Medical Mission colleges to proceed upon the line of maintaining foreign ascendancy in the teaching work they establish. Obviously, at first, the main brunt of the training and the heaviest end of the responsibility must rest upon the medical missionaries, but the object will always be to train those who, as soon as they are able to do so, will take over the burden and the work of training their own fellow country people. They will be able to do it far better, and with greater ease. And herein will be perceived the ultimate aim, not only of our Medical Missionary colleges, but also of the Medical Mission hospitals. The gradual transference of such institutions from our hands to those of our Chinese Christian brethren must be regarded as the great end towards which we have to strive. Thus it will be seen that the responsibility of the Christian Church is all the more at the present moment, inasmuch as the work of medical education is the training of medical teachers, those who in coming days will be the professors and lecturers in the medical schools of China. How immense then the importance that these first teachers should be rightly taught, and above all, established in the Christian faith.

Thirdly, the course of training gone through in these Medical Mission colleges is in every respect as thoroughly designed and executed as is a full medical course in the Homeland. The work of the colleges is not a partial training in medicine ; it is a full one, both in duration and scope. The students are conducted through just the same subjects as their western confrères. They

have to pass examinations in early science subjects, anatomy, physiology, medicine, surgery and all the varied subjects of a modern medical training. Their text books, thanks to the admirable work of the Publication Committee of the China Medical Missionary Association, are largely the standard text books of Western Europe and America. It is therefore manifest that the work of these Medical Mission colleges is planted upon the soundest basis, and that it is calculated to inspire the fullest confidence.

Fourthly and lastly, the primary purpose of this medical educational work is to send out *native medical missionaries*, and Christian medical practitioners who will spread the Gospel through the healing of the sick. It will be readily admitted that the particular value of the training work of medical missionaries lies not so much in the production of a succession of well-educated Christian native practitioners as in the raising up of a sufficient and ample supply of native medical missionaries. The great mission of the Christian Church is not to educate but to evangelise, and its share in the propagation of learning must ever be viewed in the light of the contribution which such work can make to the spread of the Gospel. To supply properly qualified Christian doctors is, in some lands, and may be in others, a perfectly justifiable inclusion in the scope of the church's missionary duty, but it can never claim a first place in the thought and effort of those engaged in the work of Christian Missions. On the other hand, medical educational work that is directly aimed, in spirit as well as in letter, at multiplying the number of indigenous medical missionaries who will devote their lives to preaching and healing, is a sphere of missionary service which is of first importance in the claim it makes upon the prayers and sympathies of the Church.

Yet not *all* the students of these colleges will become medical missionaries. Indeed that would not be the greatest service were they all to so employ their lives. Many of them can do a most valuable work as Christian doctors, unattached in any direct way to the missionary enterprise. Others, as we have seen already, will leave the colleges to become government medical men. Several are the ways whereby they may lay out their knowledge for the service of Christ and their own people. But whatever is done the foundation principle of their Medical Mission colleges will be served, provided they go forth as propagandists of the Gospel, by means of their healing skill. For that end the work of the colleges that have trained them has been solely brought into being, and to that lofty goal are its grandest energies unswervingly directed.

With all our hearts do we therefore commend and support the work of the Medical Mission College in China. Its mission is of the greatest. Its record already is most encouraging. And given only that the Christian Church at home flags not in its contribution of life and treasure, this department of Medical Missions in China will prove, in coming days, one of the most fruitful agencies for the evangelisation of the new Republic of the East.

It is therefore easy to see that the value of Medical Missions, from the standpoint of a Christian educational agency, requires but little demonstration to attest its supreme worth and its essential importance.

(*B*) As a Christian Philanthropic Agency.

By training the native Christian Church in true Christian Philanthropy.—We here take up an aspect of Medical Missions which, to a large extent, has been obscured, and yet which may claim to impart to their service one of its most striking missionary values. It has already

been seen that Medical Missions fulfil a most useful purpose in stimulating native philanthropic effort on the part of heathen communities. That, however, is quite another thing to the training of the native Christian Church in true altruism. The one is an indirect by-product that is at the most of secondary importance. The other is a result which has a profound significance upon the whole future of Christianity on the Mission Field. And it is very necessary that we should pause for a moment to consider the nature of this side of the value of Medical Missions.

It may fairly be said that whilst in the lands of Christendom, philanthropic effort is usually to be found in considerable measure, *e.g.*, hospitals, asylums, etc., yet that there is on the whole only an indirect connection between such ministries and the work of the Christian Church. That it is the spirit of Christianity and the atmosphere created by it which has given birth to, and fostered all this philanthropy, hardly any will deny. But at the same time there is very little evidence of any close link between the Church and these manifestations of man's care for his fellows. And herein, we venture to say, lies a matter calling for considerable regret.

How often has the taunt been hurled against the churches that theirs is a religion of words, not deeds. That they have no care for the distressed and suffering of this present world, and solely concern themselves about the work of preparation for the next. Mistaken and untrue, no doubt, but who shall say that much of this railing against the churches has not been caused by the absence of any integral relation between the Church and philanthrophy? And who shall question that, in the modern severance between organised Christianity and some of its fruits, the whole

cause of the Evangel in the lands of Christendom has suffered a grievous handicap? We have but to go back to the genesis of Christianity to find how both word and deed were indissolubly bound up together, each complementary, the one to the other, and each necessary for the adequate presentation of the religion of Jesus Christ. Therefore how great is the loss when a strange gulf is allowed to develop between the teaching and the practice of Christianity, and how invaluable the service that can be rendered by Medical Missions, even in nominally Christian lands, by the bridge that they erect across that gulf.

Accordingly, when we pass to the Church on the Mission Field, it becomes manifestly clear from the foregoing considerations that it is of first moment to inculcate a direct share in philanthropic work. The young native Church cannot be left to regard such effort as something outside of itself. Essentially, and all the more because of the widespread necessity for practically every form of philanthropy in mission lands, must the native Church grip the idea that works of benevolence are responsibilities which it must directly assume and discharge. In other words, that such expressions of care for the suffering and destitute are indispensable to its best and most fruitful life, and that only by engaging in these ministries can it both exhibit that object lesson of its faith which its heathen neighbours ought to see, and place its feet in the footprints of One who "came not to be ministered unto, but to minister."

Now, in this work of educating the whole native Church, Medical Missions are of tremendous value. Starting with the exhibition of deeds of practical sympathy, and healing kindness, Medical Missions go on to inspire the organisation of similar pieces of work

by the native Church. As a senior Chinese Missionary once wrote, "No head station in the Mission Field should be without some object lesson in Christian philanthropy." At first the spirit of true altruism may be difficult to cultivate, inasmuch as the members of the Church have been totally unacquainted with any such conception in their heathen ethics. But assuredly the vital necessity of leading them, in their corporate capacity, to assign a place for the various philanthropic agencies in the work of the Church is a self-evident duty, in the discharge of which Medical Missions render an invaluable service to the whole missionary enterprise.

And happily there are not wanting indications that our brethren in the native Church are awakening to a sense of the obligations of Christian stewardship which their faith has imposed upon them. Take the splendid efforts of the Christians in Manchuria during the outbreak of plague in 1911. Examples of the bravest and most self-sacrificing heroism on the part of the newly trained Christian medical students belonging to Pekin, Mukden, etc., were noteworthy incidents of that awful time of pestilence. Take yet later the splendid Red Cross work amongst the wounded, carried on in various parts of China during the Revolution of 1911-12. How truly did the spirit of the Master manifest itself in numbers of young Christian Chinese who went into the teeth of danger and endured hardships that they might minister to those of their countrymen in suffering and distress. Yes, the native Christian Church can be trained in the noblest philanthropy, if we will but set before them the necessary object lessons, and it is at once the glory and responsibility of Medical Missions to lead the van in this contribution to the future efficiency of the Church on the Mission field.

IV. *The Economic Value of Medical Missions.*

We are now brought to consider a part of our subject, the importance of which has already been alluded to in a previous chapter. Yet there is hardly any aspect of the value of Medical Missions which has been more overlooked than that of their use as a missionary health agency. Unconsciously it may be, yet none the less actually, the Home Church has neglected to provide any medical aid in time of sickness for numbers of its missionaries. There has been, as it were, a singular unbusinesslike forgetfulness of the immense gain that must accrue to the whole enterprise by maintaining at as high a level as possible the health and longevity of its human agents. Which of the Finance Committees of the various societies does not know that sickness and death on the Mission Field mean a financial loss to the work? And who can contemplate that, in these days of straightened missionary funds, without feeling that if by the utilisation of that skill, which has come to the world as one of God's good gifts, we can diminish the risk of health and life on the field, then emphatically it is inexcusable not to avail ourselves of the aid of that knowledge. An appreciation of the value of such help does not involve any lack of faith in God. There is the same cause and scope for the exercise of faith as if no means were used. But if the "Divine Economist" has placed within our reach the exact supply for a specific need, then it is only right to assume that He means us to use it, looking to Him for the blessing.

There are three separate ways in which Medical Missions prove their value in this connection :—

1. *By diffusing a proper knowledge of the preservation of health amongst the missionary staff.*—This is one of the most necessary provisions in the maintenance of a

good standard of health. How often has it been seen that the occurrence of illness in the members of a mission has been due to ignorance concerning tropical hygiene, more than to anything else. Simple measures have been omitted, unwise actions have been committed, all because the requisite knowledge was not forthcoming. To cite examples—Sun helmets have not been worn as scrupulously as they should have been. Quinine has not been taken with sufficient regularity as a prophylactic. Sufficient time has not been given to rest and exercise, and unsuitable food has been eaten. The imperative necessity of ensuring the most perfect boiling of drinking fluids has been treated lightly. All these and many other instances of grave indiscretion have arisen time and again through an absence of the needful authoritative advice.

Now much may be done, and is being accomplished by the circulation of printed matter giving the needed "hints," and by the organising of courses of lectures upon "Health in the Tropics," for outgoing missionaries. But beyond all that, and as a necessary complement, there is ample scope for the skilled guidance of medical missionaries on the field. They pre-eminently are those who can keep an eye upon the habits of life of their comrades in the work, and by wise insistence upon the importance of this or that ensure the avoidance of wrong actions and the adoption of right ones. Their advice will be listened to because they speak from the platform of ascertained knowledge, and their contribution in this way to the maintenance of good health amongst their colleagues is one which is calculated to be of signal value.

2. *By treating sick members of the staff.*—The not infrequent manner in which missionaries are exposed to serious risk of illness, and the sad way in which

sickness and death again and again invade missionary homes, continue to afford a sufficient reminder of the immense need for fully qualified doctors on the staff. It will appeal to all that both the royal law of love, and the soundest principles of missionary economics oblige us to remember these our brethren and sisters in their times of physical peril. For, surely, if they have gone forth at the call of our common Lord to do a work, that it is to be feared, many another of us ought to have gone to do, then the least service we can render is to provide them, out of the fulness of brotherly love, with such a sufficiency of medical skill as shall lessen their risk and ease their anxiety in the hours when the lamp of life burns low.

Let us pass from the abstract to the concrete, and cite an instance from the record of current missionary history to support this point :— Two lady missionaries were designated for a station in Tropical Africa, and the one reached it some months in advance of the other. Within two months she was stricken with serious fever, and no medical missionary was at hand. All that devotion could do on the part of her fellow missionaries was done, but alas ! the fever could not be controlled, and a fatal result ensued. The second lady missionary went out later, and was shortly followed by the arrival at the station of a medical missionary. A month passed and she too was laid low with a fever, precisely similar to the one from which the former lady had died. For days her life lay in the balance and taxed to the utmost every medical resource. But finally the fever yielded and her life was spared. In comparing these two cases, is it not permissible to form the deduction that the difference in their respective issues was accounted for, under God, by the presence of the doctor

on the second occasion? And if that is so, then who will deny the value of the service that Medical Missions can render in caring for sick missionaries?

3. *By guiding the Health Administration of Missionary Societies.*—One of the most noticeable features in the conduct of missionary societies of late years has been the increased disposition that has been manifested to pay greater attention to the vital statistics of those sent out to the field. Candidates offering to the work have been physically examined with more searching rigour. Missionaries returning from and going abroad have been medically "overhauled," and their work regulated by the lessons thus derived. Health reports have been obtained and considered with greater system. Medical departments have been established in connection with many of the bigger societies, and medical officers appointed to devote time and thought to the health of the members of the Mission. For all this we cannot be too thankful. It indicates a growth of wholesome sanity in the carrying on of the greatest enterprise committed by Christ to His Church. But if the work thus done is to be of the value that it might and can prove to be, then it is of first importance that there should be brought into the counsels that expert guidance which medical missionaries from the field can afford. They of all people are those who are possessed with that technical local knowledge which is essential time after time to the framing of wise decisions concerning the locations of workers, the hygiene of mission stations and many kindred problems. How valuable such help may be, perhaps only those whose duty it is to engage in the home administration can adequately appreciate, but it is safe to say that it is assistance which has rendered, and is calculated to render yet more, the fullest and most important service.

In these three different ways then do we see how great is the value of Medical Missions, as an economic force in the work of Christian Missions. The only wonder is that there did not arise an earlier recognition of the fact. Strange does it seem that for so long the health side of missionary propaganda remained an unexplored realm. Now that the days of empiricism have passed and the day of law has dawned it is to be earnestly hoped that the value of Medical Missions as a powerful health agency in the life of a mission will be appraised and utilised at its fullest worth.

We have now finished our resumé of the main directions in which Medical Missions reveal their value in the missionary enterprise. We have seen how potent is their influence in the work of direct evangelisation; how useful is their stimulus as a Christian social agent in the body politic of heathen lands; how unique is their sphere and opportunity in the task of Christian medical education; and how important their service in maintaining the health standard of a mission. From every side there has come an accumulating weight of evidence all testifying to the wealth of that potentiality with which Medical Missions are endowed. Can there be any doubt, therefore, as to their employment? Can it be questioned for a single moment, that in this aspect of missionary activity we have a divinely ordained instrument for the spread of the Kingdom of Jesus Christ in every land? Surely we may with the utmost confidence proclaim with ardour the striking value of this glorious agency, use every means within our reach to promote its furtherance throughout the world, and pray unceasingly that wherever medical missionaries are labouring the name of Our Lord may be magnified in healing and saving power.

CHAPTER VII

THE PRACTICE OF MEDICAL MISSIONS

"The physician's soothing, healing touch is the broad scythe which sweeps a harvest to his feet. . . . Hospitals become schools, where heavenly lessons seem more easily learned than elsewhere."—A.B.C.F.M.

We come now to a review of the actual ways in which Medical Missions seek to accomplish the various ends for which they have been called into being, and in which they have proved their unique value in the spread of the Gospel. Hardly can there be anything of greater importance in the whole of our subject. For if, as has already been seen, the work of Medical Missions is so urgently and incontrovertibly necessary in the missionary enterprise, then it is of first moment that there should be a clear understanding of the *modus operandi* adopted by those engaged in the work on the field.

It is now well on towards a century since the first modern medical missionary began his work, and since then the attention directed to this aspect of missions has been increasingly growing in importance. We may therefore safely assume that sufficient experience has been gained to allow of certain definite lines being indicated as those along which the practice of Medical Missions may proceed most usefully, most economically, and with the best result. Manifestly we cannot rightly and adequately appreciate the problems of medical missionaries, nor prayerfully enter into their difficulties

unless there is obtained a comprehensive idea of the different aspects of their engrossing work. To a consideration of these we now invite the attention of our readers.

There are five main departments of the practice of Medical Missionaries, and these are: (1) Dispensary work; (2) Visits to homes; (3) Itinerating work; (4) Hospital Work; (5) Branch Dispensaries. Each of these requires for its best and fullest development the work of the others, but at the same time any one of the first three methods can be carried on apart from the rest. Inasmuch, however, as this latter course is remote from the ideal, and a plan that should be discouraged, we only mention it here in passing. What we propose to do is to sketch what may be described as the natural evolution of a fully equipped Medical Mission, taking each department in the sequence in which it usually appears.

1. *Dispensary Work.*—This branch of Medical Missions may be compared to the out-patient practice of a hospital in this country, so far as the medical work is concerned. It is almost invariably commenced in some needy mission station, by one of the non-medical missionaries, who has been appealed to for medical help, obtaining a few simple drugs, which he has learned to use, and treating patients, perhaps in a room of his own house. Gradually the work grows, patients come in larger numbers and present cases, which in the scope and severity of their ailments are beyond the skill of untrained help. The need for sending a doctor to the station is then considered, and if it seems that the place possesses the necessary suitability for a medical mission, and the medical missionary is forthcoming, he is attached to the staff and takes over charge of the dispensary.

By this time perhaps a special building has been obtained or assigned for its use; if not, the doctor quickly finds it necessary to secure and adapt such a one. A stock of the medicines in common use and a few minor surgical instruments is furnished to the doctor, who sets apart definite hours each day for seeing patients. On these days the work commences with an evangelistic service led by the medical missionary, this usually consisting in prayer and a Gospel address. If there is no special waiting room in which this can take place, it is often conducted on the verandah of the dispensary building or in some adjoining courtyard.

The service being over, the doctor goes into his consulting room, and there, one by one, interviews his patients. Whilst he is doing so, those remaining outside are having the Gospel explained to them, by another missionary or by native evangelists, who sell and distribute Gospel literature amongst the patients and their friends. The patients, having been seen by the medical missionary, either have given to them prescriptions to take into the dispensing room, where a trained native assistant makes them up, or are sent into an adjoining surgery, or out on to a verandah for the purpose of having ulcers dressed, abscesses lanced, and other minor surgical work performed. This goes on until all the patients have been attended to, and the work often runs into several hours. Many of the cases are routine and trivial, but many, alas, are severe and beyond all hope of dispensary treatment. An idea of the kind of practice may be gathered from the following account of a series of dispensary patients attending a dispensary in Inland China.

"Who is this that comes in first? He is a small market gardener who has sold his vegetables and has

now come to have his eyes looked at. We look at them. Very red and inflamed they are, and as we look closely, we see that there is what looks like a piece of flesh growing from each corner of his eye towards the pupil. This is a most common disease in China, and thousands suffer from it. Often these fleshy masses grow right across the pupil and completely obscure vision. We explain to him the remedy—removal; but of this he is rather afraid, so a little ointment is given him to use, and we ask him to come on some other day, when we shall have similar operations, and which he can then see are done quite painlessly; moreover, we tell him that there are amongst the patients some who have been operated on and from whom he can learn the result. So his courage rises, and he is operated on, getting great benefit, and as a consequence, sending many another patient up to the dispensary, and many of these are accompanied by friends, and as all who come hear of Christ and His love for them, the number of those thus reached by the Gospel is much larger than the number of actual patients.

"Now another patient comes in and we begin by asking him his name.

"'What is your honourable name?'

"'My unworthy name is Wang.'

"'What is your exalted age?'

"'I am unworthy. I have wasted fifty-two years.'

"'Where do you come from?'

"'Your little brother comes from Wang family village,' and so on, in similar language. 'What is his precious ailment?' until we find that he has been suffering from very bad dyspepsia, which he dates from a certain day, many years ago, when he ate a bowlful of cold rice, and it upset him! Another cause which he may

assign is the fact that this child committed some fault, and he was angry with him ' just after taking a meal,' and he has had pain ' at the mouth of his heart ever since ' ! We give him medicine, and advice regarding his food, also regarding his temper, too, for could you see a Chinaman ' eating wrath,' as he calls it, you could well understand that he might have indigestion for the rest of his life, no matter how long since his last meal !

" Now, whom have we here ?

" A man comes in carrying an old woman on his back. We soon find that she is his mother. Indeed, if we have been in the country for a while, we should know that at first glance.

" What is the matter ?

" We can tell almost at once, for the poor old lady's breathing is most distressing. She has asthma badly. We cannot cure her. She has had it more years than we are old. She wishes she were dead, she says. We try to cheer her, telling her of a home where there is no sickness and no sorrow, no squalor, no choking smoke permeating every inch of breathing space, where all is peace and rest and joy. She shakes her poor old head sorrowfully, and sadly says, ' Woa pu tung tei ' (I don't understand). Poor soul ! she does not, indeed. She has not known what it is to look forward to a bright and glorious home, and an eternal rest. We give her something to relieve her, and with many thanks from mother and son she passes out. But what a regret lingers in our heart that she did not hear the Gospel when she was younger, and might have understood ! And so we go on. Twenty, forty, sixty, or more cases, just such as this, and a few more acute diseases, together with some more interesting cases amongst them, such as tumours which need removing, abscesses which must be

opened, teeth to be extracted, a fractured limb to be set, etc. It does not sound very romantic, does it? No! a missionary's life is not always romantic. There is much of the humdrum in it; but there is the blessed joy of knowing we are where He would have us to be, and doing what He would have us do, and that is all the reward we look for."

The great and splendid work thus accomplished by mission dispensaries will appeal to all, but it will be easy to see that from the point of view of the medical side the work has serious limitations. Large numbers may be treated, but unless there is a hospital in addition to the dispensary, many, very many, of these cannot be cured, or in any sense adequately relieved. The work is extensive, but if it stands by itself alone it lacks the quality of intensiveness. Moreover, medicine that is given to dispensary patients is often taken irregularly, or not at all, until the approval of the "gods" is obtained. Explicit directions as to dose and frequency are forgotten, or hopelessly muddled, so much so that patients who have been given powders to take have been known to swallow the paper wrapper and throw away the powder! Surgical dressings carefully applied have been removed "to see how the treatment was getting on" and the case spoiled. These and many other grievous drawbacks attach to the medical work of a dispensary, and occasion very frequently not a little disappointment.

Then, too, on the evangelistic side, whilst a wide bearing may be gained for the Gospel, and a most valuable service rendered in the removal of prejudice, and the creation of a favourable feeling, yet the great difficulty is that there is no time for more than a passing impression to be made, and the patients may only come

a few times. It is perfectly true that much evangelistic success can be and is attained, but there is the constant want of something additional in the shape of longer and fuller opportunities for "following up" the impressions created. Therein comes the great utility and supreme advantage of a hospital, whereby the initial successes of the dispensary can be conserved, and made to yield the richest fruit. Hence does it come about that from both the medical and evangelistic sides there quickly arises a plea for the addition of a hospital concerning whose work we shall see later.

2. *Visits to Homes.*—This section of the work of a Medical Mission, as will be readily realised, follows most naturally upon the work of the dispensary. Once the doctor has started his mdeical work, and is seeing patients, there come to him requests that he would visit some who are too sick to leave their homes. Or it may be that patients who have been seen in the dispensary become too ill to attend again, and their only hope lies in the doctor going to them. More especially does this branch of medical work fall to the lot of the lady doctor, though in many lands the male medical missionary is appealed to for help of this nature. And it is work which carries with it many opportunities.

Think for a moment of the openings that visits to homes afford for giving new ideas concerning the care of the sick, and habits of cleanliness and hygiene in general. The Medical Missionary can assume the rôle of health instructor and sanitary reformer. It is true, alas, that the efforts put forth in this direction are apt to be rendered null and void by the superstition of the people and their appalling ignorance, yet, nevertheless, slowly but surely, the influences thus exerted by medical

missionaries are destined to accomplish very important results.

Then there is the opportunity that visits to homes present for carrying the Gospel to the inmates, many of whom would otherwise never hear it. Often in this way whole households are brought within the sound of the message, and visiting the bedside of one sick person may open the door for telling an entire family about our Lord. Furthermore this branch of work again and again proves to be the introduction to people of influence and position, and the means, by so doing, of gaining goodwill and support for the Mission. Time may be hard to find for the visits, but experience has shown that the value of this aspect of Medical Mission practice is both far-reaching and fruitful.

3. *Itinerating Work.*—By this is meant a tour amongst a series of villages or towns lying at a distance from the Mission dispensary, and here again, as in the case of visits to homes, such work follows in natural sequence to the establishment of a medical centre. Many of the patients who have come to the dispensary represent places situated at a distance, and their coming and return home will have suggested to the doctor the necessity and importance of devoting some time for touring in the district, not only for the sake of following up his old patients, but in order that something may be done, even in a small way, for the large number of sufferers who are yet untreated.

Previous to the tour being undertaken, news is often conveyed to the places which it is intended to visit, so that patients may gather in time to be seen by the medical missionary. The time spent in each place varies—sometimes it is only a day or two, at others a week or more, and it is the longer periods which most

abound in result. The kind of medical work undertaken consists in simple operations, the administration of remedies for minor ailments, and the attraction of severer cases to the central hospital. From an evangelistic standpoint this work is distinctly encouraging, and has proved of marked value as an agency for spreading the Gospel. The patients and their friends will often gather round the missionary at the close of the day and, having experienced the blessing of his skill, willingly listen to the words he has to say. Moreover, it is customary before commencing the actual medical work to spend a short time in explaining the Gospel message, so that all may have an opportunity of hearing the Truth.

As an actual description of this branch of work, let us quote the following account of a tour undertaken by a Medical Missionary in North India (Dr Vincent Thomas, of Palwal) :—

" It was November, the best month of the year in North-West India for the work of itinerant preaching and healing. We had pitched our camp in a grove of mango trees, about twenty miles from headquarters, and just outside a large village. It was intended to make this the centre for two or three weeks, as there were numbers of villages, large and small, within easy reach, and it was the definite aim to preach in each one before moving on to the next camping place.

The same day that we put up our tents, we were fortunate in securing a small shop just aside from the main bazaar of the village, which we fitted up as a temporary dispensary. This done, we took up a prominent position in the bazaar, started a Hindi hymn, which brought us the desired crowd, and then gave a short Gospel address. Notice was given to

all whom it may specially concern, that at nine o'clock on the following morning we should open our dispensary.

"At the appointed time we found a small crowd of about thirty waiting. We expressed our pleasure at having been permitted by God to come there to help them in their need, telling them that we did so because we believed that God had sent us to do what we could for them in their need, and because our religion taught sympathy with the poor and sick. We told them of God's Fatherly compassion on all the children of men who sin and suffer; of the power of the Lord Jesus Christ to heal and to save; and of that holiness, the health of the soul, which He alone can impart to those who seek and find Him. Then in a short prayer we asked that our word and work be blessed, that the sick may be healed, and the eyes of the blind opened to see the beauty and truth of the One Saviour of men. The crowd having increased, it became necessary to separate the patients from the mere onlookers, and to then arrange the former in order, names and addresses being first of all carefully registered, so that in days to come we might keep trace of, and in touch with the patients. After this began the work of diagnosing and prescribing, dispensing of medicine, and dressing of ulcers, with a slight operation now and then, such as the lancing of an abscess, or the drawing of a tooth. At such times all is done in full view of the crowd. This has its disadvantages, but in a pioneer work of this kind there is no better way to win the confidence of the people. It teaches them the reasonableness and common sense, the honesty and soundness, of our methods. Moreover (and this is a new thing to most of them), they see that with the doctor there is no 'respect of persons.' He does not allow difference of rank and caste to influence

his treatment. He tends the low-caste sweeper's child with as much sympathy and care as he gives to the eldest son of the high-caste Government official. Also they learn the great value we attach to cleanliness. As one dresses these foul ulcers, or lances an abscess, the process is accompanied by a running commentary on each of its steps. It is a clinical lecture on cleanliness as the indispensable condition of healing and of health. From this what could be more natural or more impressive than to draw their attention on from bodily to spiritual cleanliness, pointing out what salvation is to the clean of heart? Thus do we seek to make plain to them both their need and the divine method of salvation, so that by the time the last of the ulcers has been disposed of, it is not the fault of the "dresser" if patients and by-standers have not had a clear exposition of the essence of the Christian Gospel.

"It was well past midnight when the last patient 'salaamed' and turned homewards, after which we first prepared the place for the next day, leaving stock medicines, lotions, ointments, and dressings ready for use, and then returned to our camp in the shady mango grove.

"And so the work went on, day by day, wonderfully interesting, often pathetic, always a delight. Frequent opportunities of doing evangelistic work, either alongside of, or as a sequel to, the medical work, showed us more than ever the value of the latter as an auxiliary and a 'path-finder' for the former. The allotted period of our stay in that centre all too soon drew to an end. There was much ground to be covered on this tour, and it was even as in the days of the Master. 'They say unto Him, all men are seeking Thee. And He said unto them, Let us go elsewhere, unto the next

towns, that I may preach there also; for to this end came I forth.' "

The value of this form of medical missionary activity may be said, broadly speaking, to depend on the stage to which the work has advanced. At first it may be one of the doctor's main branches of work, and serves a most important function in winning the confidence of the people, and enhancing the success of the central dispensary. Later on, when a hospital is erected medical itineration becomes in certain districts of less imperative necessity, and the time and strength given to it must largely depend firstly upon the presence or absence of a medical colleague, who can take charge of the work at headquarters, and secondly, upon the efficiency of native helpers. Its intrinsic success as an evangelistic instrument is also closely connected with the presence of native assistants to follow up the work and continue the explanation of the truth. Granted that such necessary help is available, then there can be no doubt that medical itineration is calculated to prove of very great worth as an evangelizing agency. Indeed, it may well be regarded as a section of Medical Mission practice which has a distinct place to fill in multiplying the successes of this great work, and in helping to realise its highest aims.

4. *Hospital work.*—The late Dr Roberts, of Tientsin, wrote on one occasion: "The universal opinion of those in the work seems to be that the value and efficiency of their work is in direct proportion to the presence or absence of a Hospital." And such may be taken to be the practically universal testimony from medical missionaries in all mission fields. We therefore come now to a consideration of what may be called the very cream of Medical Mission practice. It is not

that any one of the other branches of the work is lacking in intrinsic value—all have their place and power as has been seen already—but there are potientalities in mission hospital work which give to it a particularly necessary position in the medical missionary enterprise. As Dr Van Someron Taylor, of China, has said: "From a medical standpoint, medical work without a hospital is almost useless . . . the hospital is the base for work, as well as the workshop of the medical missionary."

Let us think for a moment or two of the medical side of the mission hospital. How does it most frequently evolve? The doctor, let it be supposed, has settled down at his station, established his dispensary work, paid visits to patients in their homes, and gone out on one or two itinerating tours. He has come into first hand acquaintance with the diseases he has to treat, and the kind of sufferers he has to relieve. What, then, is the necessity that almost invariably compels his attention? It is the need for a mission hospital into which he can take in patients. How else can he treat successfully a good proportion of the people who claim his aid? He has come across in his work cases of blindness due to cataract, and only in a hospital can those cataracts be removed. Patients ill with pneumonia, dropsy, and other serious medical diseases have come into his consulting room, and of what use is it for them to have medicine given to them, and then be treated as out-patients? The doctor knows that there is but one real means of doing anything effective for these patients, and that is to get them under close and constant observation in the wards of a mission hospital.

Or again, his skill has been sought for cases requiring

important surgical operations, and if there be no hospital, how dare he attempt such measures? On all hands, consequently, the doctor finds the call for a hospital, and so he starts this line of work by making room in his dispensary building for one or two beds, or gets a native dwelling and adapts it for this purpose. Soon this becomes too small, and it is found necessary to erect a properly built hospital, which is the next stage in the equipment of the Medical Mission. Here the medical missionary can undertake the successful treatment of that numerous class of cases for which dispensary work, etc., is of no avail, and make his work in every sense of the word more efficient, and more worthy of the cause.

It has, however, to be stipulated that no hospital can do what should be expected of it unless there is an adequate staff. To this we shall refer more especially in a later chapter, and only content ourselves here by stating that as a general rule every hospital should have at least two medical missionaries in charge, and be equipped with a proper stock of drugs and surgical apparatus.

Coming now to the missionary side of the work, it is easy to realise how greatly a hospital contributes to the successful prosecution of the evangelistic efforts of the Medical Mission. Many patients are under Christian influence for weeks or months, and during that time have every facility for seeing and knowing what a Christ like life should be. Frequent ward services are held for the patients, and as far as he can the doctor gets into touch with the individuals. His work in this direction is followed up by native evangelists, and thus hearts are opened, personal difficulties met, and time is given for the truth to make a permanent impression.

Clearly the opportunities of a mission hospital for a direct furtherance of the Gospel are many and great, and of a such character as should encourage to the fullest extent the provision of many more such additions to the work of Medical Missions.

In order that an adequate appreciation may be gained of the kind of spiritual work carried on in a mission hospital, we quote the following extracts from an account of the evangelistic work of one hospital in North China, written by Mrs Broomhall of Tai Yuan Fu :—

" Sunday morning dawns in Tai Yuan Fu to find the Chinese assistants with clean shaven heads, and clean blue gowns preparing for morning prayers. These prayers are held each morning—and all who are able of the staff and convalescent patients are expected to be present—the evangelists and students, who are Christian men and boys, leading in turn. At 11, when the weekly service is held in the large mission church in the city, two of the students are left in charge to receive accidents, which, if serious, they would report to the doctor, or which they care for until his return, while the rest of the staff go to church.

" At 3.30 in the afternoon is a service in the out-patients' waiting-room for any who wish to attend : evangelists, students, nurses, gate-keepers, coolies, any patients who can hobble in, and most joyfully welcomed old patients, are then gathered together, when a short service, only lasting one hour, is conducted by the doctor, a visitor missionary, perhaps, or one of the students.

" When the sun has set behind the western hills, which, like the hills round about Jerusalem, keep guard over the city, the old bell rings for prayers—early in the winter, but in the cool of evening after the hot

summer days. This is the best time of all, when, like a family, the whole of the hospital inmates gather, or are expected to do so, if possible, round the Word of God, one week in the eastern ward of the new hospital block, and one week in the western, so that men confined to their beds can, at least, have the benefit of half the services each fortnight. The work is carefully mapped out, so that the doctor, evangelist, and Christians, each know and take their turn in leading this simple worship. It only consists of the singing of one or two hymns—reading from God's Word, and a short address and prayer, yet it is always hoped that the bread cast upon the waters will return in due time, and the silent listeners be influenced by the quiet services. Each Monday night a Bible class is held for students and Christians, the point being that, by unitedly searching the Scriptures and seeking to know more of the things of God, the doctors and fellow-workers may be drawn closer together in their service for Him, and keener in their desire to win those around them to know the only true God and Jesus Christ whom He has sent.

"On Tuesday mornings, as on Fridays, service is held at 10 A.M., for all the out-patients who have been collecting from the by-ways of the city and from the villages around—a quaint crowd of all sorts and conditions of men who, after a short prayer, are told very simply of the love of God and of His great gift for us. To many this is a strange proceeding—and it is often not until a man has paid several visits to the hospital that he grasps the meaning of this hitherto unknown service to the invisible God. Doctors, students, evangelists, and sometimes friends, lead this service, which is held in the out-patient waiting-room, after having been commended to God in prayer

by the inner circle of Christians in the consulting-room.

"On Wednesday afternoon is the service which, though perhaps the smallest, is the one which needs more patience, more grace, more hope, and more prayer, in him who leads, than any other. It is a gathering of those who know absolutely nothing of Christianity or the Bible, men who have followed the plough, hawked their quaint goods on the street, joined the rough army, or been coolies all their days, and who, through ill luck, or the untimely visitation of an evil spirit, have found themselves sick, and have been persuaded by report or their friends to entrust their bodies to the unknown foreigners. Among these men the evangelist has been doing his quiet work all through the week, teaching the most elementary truths of Christianity, reciting a hymn, or dictating a simple prayer to the sick men, and on Wednesday afternoon the doctor goes through a simple form of questioning to prove that the evangelist has done his work well, and that the patients are gradually taking in the teachings."

The foregoing description will sufficiently indicate the splendid utility of mission hospitals as evangelistic agencies, and convey, we think, to all our readers how magnificent are the possibilities attendant upon such a work. Can any one question the importance of the contention that no Medical Mission should stop short of a fully equipped hospital?

5. *Branch Dispensaries.*—The establishment of a ring of branch dispensaries is the natural and necessary complement to the work of the central hospital and dispensary. It is, moreover, in an almost equal way the normal outcome of the itinerating tours conducted by a medical missionary. The importance of this

addition to the work of most Medical Missions may be gathered from the following Resolution which was brought forward by Dr W. J. Wanless, on behalf of the Indian Medical Missionary Association, at the Medical Missionary Conference held in Edinburgh 1910 :—

" That branch dispensaries are a valuable extension of hospital work, and are especially so in districts where Christians are scattered amongst the villages. Only trained and experienced assistants should be placed in charge of branches, the connection with the central hospital should be close, and the supervision thorough."

There are two reasons which make the establishment of branch dispensaries a wise and valuable development of the work of a hospital centre. In the first place, such branches will enable the needs of village districts to be in some measure met, when otherwise the people living in those areas must be left to depend upon the occasional itinerating visit of a medical missionary. In the second place, branch dispensaries are a most important means of keeping a central hospital in touch with a district which it is supposed to serve.

It does not need much explanation to show that there must be many districts which present conditions of great physical need, though they are in themselves unsuitable for the erection of a fully equipped hospital. It may be that the population is a scattered one, or too far removed from lines of communication, and too much out of contact with popular areas to render the establishment of a hospital an advisable course. Yet at the same time, there may exist an urgent need for something in the way of medical missionary effort, which will bring to the people living in such districts the blessing of the two-fold healing for which Medical Missions

stand. Thus arises the place and utility of branch dispensaries.

Without a lot of expensive plant, with a minimum of difficulty, these excellent additions to the work of a Medical Mission can be brought into being, and prove a veritable Godsend to many a needy place. A small building can either be rented or erected, and a supply of the commoner medicines, etc. supplied to the native medical assistant in charge. If the latter be sufficiently competent, there may be included provision for a couple or so of in-patients, so that the dispensary may attain to the utmost degree of beneficial service. But whether that is done or not, it will be invariably found that branch dispensaries can make a most effectual contribution to the healing of large numbers in the districts where they are established. Specially to the Christians who may be living in villages around a mission centre these dispensaries are calculated to be of very great help.

Then there is this further value of branch dispensaries, that by means of their institution, a central hospital can keep in intimate touch with the population of a considerable area. Patients who come to any of these dispensaries are at once brought within the radius of the influence of the Medical Mission. In the person of the trained assistant who is in charge, they see a representative of the medical missionaries who are working at the hospital. Should their ailments require more in the way of treatment than the branch dispensary can undertake, they can be induced to go to the hospital, and the way be opened up for them to become in-patients. In other words the branch dispensaries can not only discharge their own special service to the people of their immediate districts, but

they can provide what is frequently a most necessary and invaluable link between the various parts of a wide village area, and the mission hospital at the centre.

It is very important, however, that the points referred to in the Resolution quoted above should be consistently remembered. Branch dispensaries should only be placed under the charge of properly trained and earnest Christian medical assistants, and they should be visited at regular and frequent intervals by a medical missionary from the central hospital. To establish a branch dispensary, and then leave it to an assistant who is inefficient, or upon whose earnestness and conscientiousness sufficient reliance cannot be placed, is a course which is greatly to be deprecated. Branch dispensaries, unless efficiently conducted in the true missionary spirit, may prove a weakness, rather than a strength. In view, however, of the training work to which allusion has already been made, there is, we venture to think, every reason to believe that the necessary number of native assistants possessing consecrated efficiency for the work of these dispensaries will not be lacking in coming days. Given then, that frequent visits are paid by the medical missionary who exercises supervision, it can be confidently anticipated that branch dispensaries will prove a most serviceable and successful department of the practice of Medical Missions.

We must now bring to a close this hasty sketch of the main elements that enter into the practice of Medical Missions. Before doing so, however, it is necessary to draw attention to two other directions from which important demands are made upon the time and strength of medical missionaries. We refer to the *work of training*, and that of *hospital administration*.

In regard to the first of these, it will be readily

recognised how indispensable is the necessity to raise up a staff of native helpers for the due and efficient discharge of all the duties pertaining to a Medical Mission. This is indeed a vital part of the work of every medical missionary. We do not, of course, refer in this connection to the education of fully qualified students—that can only be properly undertaken in specially equipped and staffed medical colleges—but simply to the training of ordinary helpers for the routine tasks that enter into the day by day practice of medical missionary work. For instance, there are the dispensing of medicines, the dressing of wounds, the performance of ward work, the preparation of patients for operations, the nursing of those in bed, and many other essential duties which must be provided for, and which, at the same time, no medical missionary can ever hope to satisfactorily accomplish, unaided. Obviously it becomes a manifest necessity, right from the start, to look out for suitable helpers who can be trained to undertake the foregoing pieces of work; and happy is the medical missionary who is successful in his task of selection. At first this department of his work claims a large share of the daily round, and it requires, all through, infinite patience and grace. Again and again it may bring much disappointment, and possibly it may seem as if the time and toil expended were hardly worth the return. Yet in the end it is rarely found that there is not considerable recompense in the diligent and devoted help of a band of native assistants. And beyond all such considerations affecting directly the work of the Medical Mission, there is the joy of knowing that something more has been accomplished in diffusing a knowledge of healing amongst the people of the land.

Then in regard to the work of *hospital administration*. This is a task which gives to the medical missionary in charge of a hospital much labour and thought; and strangely enough, it is one of which many of those who go out as medical missionaries possess little or no knowledge. Here we have to do, not with purely professional or evangelistic duties, but with all those business and financial relations which concern a public institution. The medical missionary has to keep the hospital books, administer the general life and work of the hospital, engage, and pay the native staff, frame annual estimates of the receipts and expenditure, and attend to all the many questions that concern the maintenance of such an establishment. He has to bring into play powers or organisation, and be prepared to be many things in turn. Now and then he may have to doff the rôle of the physician, and don that of the architect and builder. Occasionally he may have to spend hours considering matters which lie as far apart as the poles from his professional work, and yet upon whose efficient conduct may hinge much of the success of the Medical Mission. It is, of course, perfectly true that this administrative work can never rank *pari passu* in importance with the other departments of a medical missionary's work, but that does not minimise the large share that it is bound to take in the daily routine of a medical station. There is not a medical missionary of experience who will not endorse the truth of this fact. No review of the practice of a Medical Mission would therefore be complete without some reference to this aspect of its work, and in directing attention to it, we would express the hope that as far as may be possible all intending medical missionaries would secure, before departure for the field, some acquaintance with hospital administration.

Medical Missions will thus be seen to cover a wide field in their beneficient ministry, and we venture to think that it will be felt by all who are students of missionary methods that medical missionaries have certainly adopted sound and fruitful lines in practising their great and two-fold calling. Bright with the richest promise as well as with the record of notable success, the work of our Medical Missions stands before the Christian Church to-day, and appeals for its sympathy and liberality. Here in its practice are embodied some of the finest types of Christian service, and visions of some of the most glorious ideals. Whether these will be realised speedily, or in the dim future, depends on the measure of devoted giving, both in life and treasure, that the churches display towards this work. The issues lies with them, or rather with the individuals composing their membership. Shall it be half-hearted support, or generous practical sympathy ?

CHAPTER VIII

WOMEN'S SPHERE IN MEDICAL MISSIONS

"In the poor man's home where the newly-born girl baby is not wanted, the woman physician does the work of an Evangelist by telling of a Heavenly Father's love for even this tiny babe. To the crowd on the street where a woman has taken poison and thrown herself on the doorstep of her adversary to die, she tells the story of redeeming love. Many a sufferer turns to kiss the shadow of these Santa Filomenas as it falls upon the wall in hospital or home."—ARTHUR H. SMITH IN *Rex Christus.*

IT will not come as any surprise to those who have pondered certain of the facts contained in some of the preceding chapters, that the share which women are called upon to take in the work of Medical Missions is both large and important. At the great Edinburgh Conference of 1910, as field after field came under notice, and problems of a diverse character were discussed, the conclusion was arrived at with almost unvarying precision, that without the work that could be done by Christian women, and done by them alone, the task of world-wide evangelisation would be indefinitely postponed. And if from such a conclusion we proceed to investigate the special directions in which the service of women missionaries is most urgently required, a careful consideration shows that medical work carried on by trained medical women and qualified nurses amongst their suffering heathen and Moslem sisters, represents a sphere of missionary labour than which none is more needed, or offers greater possibilities of doing good.

It is a well-known fact that the vast majority of the women of mission lands can only be reached by women in the work of education and general instruction in the truths of the Gospel. How much more then does it become apparent that when those women are in suffering and physical need, when many of life's secrets have to be probed, their condition can only be met by a skill which is applied by a woman doctor or nurse. Hidden in the seclusion of their homes, frequently the victims of appalling mal-treatment in their hour of need, and poignant sufferers too often from many a cruel disease, the women of heathen lands present a spectacle that appeals to every noble and Christian instinct in their more favoured sisters of Christian lands for immediate succour and relief.

Moreover, no time is so favourable for giving to them an interpretation of Christianity, which they can grasp and understand, as when under the loving gracious ministry of a medical sister they are finding their pain relieved and their disease cured. The message of a God of love, so difficult at other times for them to appreciate, becomes then an easy revelation, and the door of healing one through which they find an entry into a saving knowledge of the truth.

Accordingly we are brought in our study of Medical Missions to a point that is of particular interest, and far-reaching significance. This aspect of the work is obviously no subsidiary or purely departmental question. It is one which may indeed lay claim to the most sympathetic attention and the amplest measure of support. Medical Missions by women and for women are destined to do far more than bring the balm of healing to many a poor sufferer. They are calculated to exert an influence which goes to the

very springs of the life of the nations purifying it at its source and centre. Degraded womanhood and neglected childhood are again and again the terrible hall-marks of non-Christian civilization, and these are subjected by women's medical missions to a process that bids fair to remove their black stains. Henry Ward Beecher once said that Christianity was "the gift of a burning heart to a world out of heart" and it may surely be said that our lady medical missionaries and missionary nurses are pre-eminently those whose peculiar ministry renders them fit bearers of that gift.

We propose to touch briefly upon (1) the particular needs which necessitate the work of women doctors on the mission field, and (2) the sphere of service that is open to a nurse missionary.

1. *Why women doctors are needed.*

Five separate reasons suggest themselves for our scrutiny, and will repay the thought that we may give to them.

(*a*) *By women doctors alone can the very great amount of pitiful suffering prevailing amongst immense multitudes of heathen and Moslem women be effectually alleviated or cured.* Who can adequately put into words, or convey a true conception of the awful amount of unnecessary and preventable suffering which is the daily lot of unknown numbers of sick women in the non-Christian countries of the world! None save those heroic and Christlike women who have devoted their lives to Zenana Missions can ever really know the depths of that suffering. Others can only judge from what they have been told. But taking the facts that have been revealed and facing their stern reality, we are compelled to acknowledge that here exists one of the open sores of the world.

Think of the Hindu woman in her hour of travail.

At such a time neglect is the only word to use for the way she is treated. Of even native "hakims" there are virtually none who are called in. Practically speaking, the poor woman in the pangs of childbirth has no help(!) save the ignorant, meddlesome interference of native nurses. Barbarous practices are resorted to, and in the name of religion the most shocking treatment meted out to the sufferers. Is it any wonder that the death-rate of both women and children is said to be enormous? If it were permissible it would be possible to here cite a whole catalogue of cases revealing how unspeakably sad is the state of Indian women in their time of physical need.

The late Dr John Lowe quoted in his book, "Medical Missions. Their Place and Power," the opinion of Mrs Weitbrecht, a well-known Zenana Missionary.

"All Hindu women, whether rich or poor, are utterly neglected in the time of sickness. Prejudices and customs banish medical aid altogether; infectious and other diseases are left to take their own course. Two thousand children not very long ago, were left to perish from small-pox in one city. A female Medical Mission, one in every populous centre is one of the most crying needs of India; an agency which would find its way into those dark dirty miserable dwellings, where fever, ophthalmia, and other ills spread unchecked."

In their ignorance women have been known to grind red pottery ware into a powder and dust this into eyes afflicted with simple ophthalmia. On one occasion a lady doctor in North India was called to see a poor sick woman, ill with high fever. She was, in fact, delirious. Her native nurses, so called, were piling bedding all over her, almost stifling her, with the idea that the air thus excluded from the patient was the cause of the delirium!

If we turn our attention to China, we find it is the same sad story. Dr Kilborn, writing of Chinese midwives, says that they are "just as ignorant as any other class of Chinese women about such things, and more meddlesome and venturesome. They have no more idea of the importance of cleanliness and of quiet intelligent nursing that had Sary Gamp of old, while the methods they use in difficult cases are revolting, no less for the ignorance and actual mismanagement displayed than for the cruelty. It is not at all uncommon for such cases to be protracted through several days of weary agony, until death comes to the patient's relief. Not a few Chinese women owe their lives to the prompt and efficient aid given them by the women medical missionaries, after they had already suffered untold tortures from neglect or maltreatment, or both."

And so we might go on, summing up the evidence of land after land, and it would be one reiterated tale of a great and crying woe that appeals loudly for succour. If then the sufferings of sick heathen men are what we have seen them to be in an earlier chapter, how much worse is the plight of their women folk?

But the point which it is here desired to emphasize is not so much the existence of this appalling condition, as the fact that women doctors alone can do what is needed to mitigate the suffering, at least in the vast majority of instances. The purdah system in India, the institution of the harem amongst Moslems, the retirement of the Chinese women, all means that the women of heathendom and Islam, to a very great extent, cannot, or will not come to men doctors. However keenly he may long to see women sufferers, for whom his aid is desired, in order that he may efficiently treat them, the male medical missionary cannot often do so, as custom

forbids. At the utmost he may be permitted to sit on one side of a curtain, with his lady patient on the other, and feel the pulse in a wrist that may be pressed through an opening made for the purpose. But this even is impossible in most of the cases, and again and again the man doctor who asks to see the woman patient who is said to be suffering from this or that—perhaps a broken bone—is met with the answer, "That cannot be; it is not our custom." So awful indeed is the terrible slavery of this custom that rather than let a woman sufferer be seen by a man doctor, whose skill is the very thing needed, and the only real help available, the patient will be left to linger in untold anguish and die a perfectly preventable death. True this does not apply to all the women of non-Christian lands. Some of the lower class women in India and China are relatively accessible to the treatment of men, and the same is the case in some other lands. But speaking of the large majority, it is an absolute fact that women patients can only be reached *effectively* by women doctors, and that in consequence a call of the greatest urgency comes over the seas from their suffering sisters to the Christian medical women in the Homeland.

Closely akin to the work for sick women is that for sick children, and it is appropriate at this juncture that we should make brief allusion to it. The terrible prevalence of children's diseases, and the great fatality arising from them is one of the saddest features of the non-Christian world. Who can measure the neglect, to speak of nothing worse, with which young lives are treated to-day in these lands of ignorance and superstition. Think of the thousands whose eyesight is irretrievably ruined by ophthalmia simply for lack of the simplest medical care! Reflect upon the devastating ravages of Fevers, of Small-pox, and of many

another epidemic disease which are allowed, all unhindered, to lay their fell hand with lamentable results upon the children of heathen and Moslem countries! It is impossible to disguise the awful reality of what sickness means to the boys and girls whose lot it is to be born in those lands, and the existence of such a state of things furnishes yet another eloquent plea for the gracious ministry of women medical missionaries.

Let us turn over the records of one women's hospital in the North of China (Tai Yuan Fu), and from the notes of the lady doctor then in charge—Mrs J. H. Fairburn, M.B., Ch.B.—extract the following example of great need, and heroic work :—

" The next child, Tung Hsia (flower of the east), also has a sad story. One day, when I entered the hospital I saw a wheelbarrow outside the gate, with a bundle of dirty rags on it, and something gangrenous looking out from underneath. I thought that it was the carcass of some animal, and wondered why they were stopping before my doors. But not long after a bundle of human misery was brought into my consulting-room, and I recognised the bundle of rags I had seen on the wheelbarrow. Her condition was so terrible that my native helper fled in horror out of the room. I nearly fainted myself, but Condy's Fluid soon did its work, and I examined the bundle. The state of this poor little sufferer only nine years old, was beyond description. Both feet were so seriously diseased, I told the man who brought her that I should have to amputate the left one, and that the child would have to live in the hospital for some time. He was very willing that I should do so, and went away, the child crying after him. I then stripped off her rags, cut off her hair, and gave

her a good scrubbing, but Tung Hsia did not like that process, and screamed; when, however, I showed her the pretty garment I was going to give her, and the pretty quilt (which my good friends at Bradford made) in which she would be wrapped, she began to smile and to be good. Most people bring their own bedding, but this child was so poor that I had to supply everything, even to pay for her food. You see her here with one leg and a stump, and before she went away she had a wooden leg, of which she was very proud, and she could walk better than other girls with their bound feet. Her previous history was as follows:— Her mother died six months before Tung Hsia was brought to the hospital. She was then sent to the house of her mother-in-law, who bound her feet, gave her poor food, and no warm bed and clothing, and owing to the foot-binding, and the cold, the child's feet got gangrenous. She was then left lying in her corner without any attention. Her father, who brought her to the hospital, found her thus; the mother-in-law feared that she would be sued for neglecting the child, but on hearing that Tung Hsia had a foot amputated at the hospital, she turned the case the other way, and wanted to sue the father for bringing his daughter to the hospital. So I had to defend the father by stating to the official the neglected state in which I saw the child first, and that her life could have been saved only by what was done.

"Tung Hsia did not want to go home, because she never got white flour to eat at home, and also was not treated well. She wanted to serve me and stay at the hospital, but one day her father came and fetched her home, because she had to take care of a little brother. The poor child was only nine years of age, and her

father, being shepherd, is away from home for weeks. She was not bright, but she understood something of the love of Christ for men. Let us pray that the seed sown, however small, may not be smothered amid the poverty and hardship which awaits that poor child."

This instance is but one, and yet is, we think, sufficiently illuminating to bring clearly home to everyone's mind how pathetic is the call for help of this kind. Moreover, it is not merely that the value of this work ends with the relief of the children who are in need. In case after case, it has been found that many hearts and homes and districts have been opened to the Gospel by reason of the healing of some sick child. Not a few instances are on record where the attention of a medical missionary to the suffering son of a native ruler, has meant an entire change of attitude on the part of the people to missionary work. It is therefore clear that the service which lady doctors, in particular, can render to heathen children is calculated to be of far-reaching importance.

(*b*) *By women doctors and their work can the men of the non-Christian world be taught the true dignity of womanhood, and given an ennobled conception of their womenfolk.*—In his book, "The Healing of the Nations," Dr Rutter Williamson says with truth that "the fact that medical missionaries care for sick women is a revolutionizing idea to the heathen man, and lays the foundations for a new era for womanhood in these lands" Nothing can be truer. To see Christian lady doctors coming to a country specially to care for its sick women, to witness sums of money being spent for the erection of hospitals in which to treat exclusively women who are ill, all this and related work is an absolute revolution to the heathen man. It leads him to begin, however remotely, to think differently of his women, and gradu-

ally to conceive a higher status for them than what he has accorded to them in the past. And thus, insensibly at first, yet none the less surely, women medical missionaries are undermining the social degradation of women in non-Christian lands, and preparing the way for their emancipation and uplifting.

As an instance of how much this is needed, and to show how low is the present estimate placed by heathen men upon their women, we quote here the story, mentioned by Miss Irene Barnes, of a lady missionary, who, having been called to treat a poor sick woman, asked her husband to let his wife have a good room in his house, then occupied by a big buffalo. He objected, saying, "If I put my wife into that room, and my buffalo in the other, the buffalo may get sick as my wife has done." The lady answered, "But your wife will die if she stays where she is; let her have the better room." He replied, "If I give the buffalo the poor room, and he gets sick and dies, it will cost more to buy a buffalo than it does a woman!" Can there be anything more illustrative of the low estate of heathen womanhood? Anything more pathetic in the insight which it gives into the despairing condition of the sick heathen woman? If then it is the mission of Christianity to raise that estate and turn that despair into hope, and if, further, women medical missionaries can most effectively contribute to the accomplishment of both those ends, how great is the responsibility resting upon us to multiply the number of women doctors on the Mission field?

(c) *By women doctors and their work can superstition be weakened at its core.*—We have already seen in an earlier chapter how strong is the power of superstition in the heathen peoples' conception of disease and its cure. It is now necessary that we should realize the

fact that this fell influence finds its citadel amongst the women. As Miss Irene Barnes wrote again, "It is the women who in their ignorance and with their fervent religious instinct cling most tenaciously to superstitions, and are the firmest believers in Demonology."

Excluded from the light, shut in to the darkness, having none of those broader influences that touch the life of the heathen man, is it any wonder that superstition both gains and retains its hold over the women in their homes? Having a knowledge of nothing better, narrowed by her ignorance and seclusion and easily imbued and dominated by error, the heathen woman offers just the soil in which the noxious weed of superstition, both in regard to religion and medicine, grows apace.

Now it is only by reaching sick women, winning their confidence, and caring for their suffering state that an efficient antidote can be administered to the baneful products of this growth. The woman medical missionary, by the object lesson she gives of mercy, and truth, and by the spirit of loving compassion which she carries with her, is enabled to weaken superstitious belief right at the spot where it holds greatest sway. She is able to relax the grip that has hitherto held the women in heathen lands in abject bondage to the omnipotence of malign spirits, and demonstrate the Presence of Him who is the "Great Light and Healer of Mankind." Her ministry as healer is at once her open door, and her *point d'appui*, and the God given rays of scientific light which are carried by her into the darkened recesses of the hearts and minds of the heathen home are again and again the shafts that strike a death blow at superstition. Can it then be doubted that in the work of women medical missionaries we have a most powerful auxiliary in the illumination of the dark places of the earth?

(*d*) *By women doctors alone in numberless cases can the homes of heathendom and Islam be entered with the Gospel.*—All that has been said before concerning the work of women medical missionaries will have rendered it perfectly apparent that to them and them only, time after time, comes the opportunity to be the heralds of the Gospel to the women inmates of a household. If they are those to whom the door of entrance opens when to others it is shut then it is obvious that to them is given the privilege of ministering the bread of life to the people whom they are called to heal. Let us quote the following words of a lady doctor in India (Dr Nina Ottmann of Russell Konda):

"The best zenanas are open to the medical missionary. The common experience of pain makes them seek relief, and so we are asked to call. Some of our best hearers are in these homes. In one such home in Berhampore the husband is a merchant and very wealthy. He is impressed by Christianity, but he feels it is not for him, as it calls for such a readjustment of life as he is not prepared to make. This reveals the fact that Hindus are realizing that Christianity is not only a creed, but a life, an ideal life. He has given large contributions to the medical work and helped us in other ways. His wife and daughters are charming beautiful women. Their attitude to Christianity is very different to his. When one of the daughters was ill with remittent fever I had many opportunities of talking with her and the other women of the family about Christ. The grandmother of the girl was the most attentive listener; with intense earnestness and a certain awe she would listen and beg for more when I stopped speaking. To her there was something fresh in the Gospel that was good news. I lent them books; they gathered in the

sick room and read voraciously, and each evening there would be a demand for fresh books. One evening the sick girl said to me, 'These books sound true, and if they are we are terribly deluded, and we have no alternative but to accept Christ.' I cannot say that any of them have definitely accepted Christ, but they are still eager listeners and are regularly visited for teaching, and one never knows when the crisis of decision for Christ may come."

Testimony like the foregoing could be cited from the experience of women medical missionaries on all hands, and it serves to emphasize how extensive and unique is the sphere open to those who devote their lives and talents to this service.

Take as a further instance of the tremendous value of women's Medical Missions the following incident from recent mission history. A few years ago, Dr Mary Raw, a lady medical missionary in the North of India, was sent by her mission to open a zenana dispensary, in the capital of a native state in the North of India. Up to that time the way had not been open for any Missionary to reside in this state, and the only way to accomplish that end seemed to be by sending a lady medical missionary. At first Dr Raw met with no great encouragement, but presently she was asked to see a patient who was seriously ill, and whose life could only be saved by the performance of a critical operation. Dr Raw obtained the help of colleagues from another station, and under conditions the farthest removed from the ideal she carried through the operation successfully. The result was remarkable. The recovery of the patient was regarded as a miracle. People began coming to Dr Raw from all directions. One of the highest officials called to express his pleasure at the commencement of medical work for women, and the people,

high and low, begged that the work might be continued. Later on, a site was given for a mission bungalow, and a women's hospital, and a local fund was contributed for the latter. Dr Raw and her colleague, Nurse Henry, have been called to exercise their professional skill in the palace of the native Ruler, and it has been demonstrated beyond all proof that the mission could have been commended to the sympathies of the people in no finer way than by this Women's Medical Mission.

The same story might, with varying details, be told of the work of women doctors all over the mission field, and no words are too strong to describe the invaluable character of this aspect of Medical Missions.

(*e*) *By women doctors and their work as educationalists can Native Christian Women be trained to become Medical Missionaries to their own countrywomen.*—It will be apparent to all from what has been said upon an earlier page how manifest is the necessity not only for a trained native *male* agency in the work of Medical Missions, but also for an educated *female* medical agency. The little band of women doctors sent out to such lands as India and China, including those labouring in a non-missionary capacity, can never by themselves alone touch more than a fringe of the suffering womanhood of these great fields. The fact is obvious that one of the most important, one of the most far-reaching ways, in which women doctors can lay out their life and service on the mission field, is in the training of suitable native Christian women to be Medical Missionaries amongst their own people. Up to the present this has, of necessity, been a restricted sphere, but it is bound to grow, and to become one which will call for many more well-qualified lady doctors.

It is clear, however, that the task of giving this female medical education on the mission field is one

that is attended with special dangers and difficulties. The young womanhood of the non-Christian world is but yet in its early days, and stands in urgent need of all the careful shielding and wise training that can be given to it. The moral consciousness of the environment with which it is surrounded is still so far from Christian that unless the work of giving full medical instruction to young native women is encompassed with special precautions, and in an atmosphere that is distinctively Christian, the results may be, in all too many instances, disastrous alike to faith and character. Everything points to the tremendous necessity for retaining the work of female medical education in the hands of strong Christian teachers, and in schools which are Christian, in name and deed.

The recognition of this need has led already in both India and China to the establishment of medical schools for women in connection with Medical Missions. As far back as 1894 the North India School of Medicine for Christian women was founded at Ludhiana by Dr Edith Brown, having as its primary object the training of " such women as desire to engage in Zenana Medical Missions, and to fit them to be medical missionaries to their countrywomen." The school has had an encouraging record, and its scope has recently been enlarged to admit non-Christian students as well as those who are Christian. It is now styled the " Women's Christian Medical College," as its sphere of influence is not limited to North India. The course of study lasts for four years, and the students sit for Government diplomas in connection with the Lahore University. Similarly in China there has been for some considerable time a Women's Medical College at Canton in connection with the Presbtyerian Mission, and also one at Peking in connection with the work of

the Methodist Episcopal Mission. The aim of the various union medical colleges now being established in China will be to develop a women's department for the purpose of training women medical students, but to allow of this being done many more lady doctors must be sent to China. At present the number is hopelessly inadequate.

The educational work that can thus be done by women medical missionaries on the Mission Field is consequently full of the ripest opportunity. It should serve to attract many more volunteers from the ranks of our women medical graduates here at home, and the great call that sounds forth for their training work can certainly be regarded as not the least of the arguments for lady doctors in the service of Medical Missions.

And so we close this sketch of the main reasons why women medical missionaries are needed. It cannot be said that we have done more than scratch the surface. This wide vista of human need and Christian opportunity which summons workers to its exploration and seizure for Christ cannot be dismissed in a few sentences. The argument for the medical aspect of women's missionary service is an immensely strong one, and the appeal that it presents to our young, educated, Christian girls to make such ministry their life-work, is both powerful and pathetic.

And the amazing wonder is that so few amongst our cultured Christian girlhood are preparing to consecrate their lives to this calling. Is it because they do not know of the need or has the charm of an easy life here, freed from the years of arduous study and subsequent exacting work in a far-off land, dulled their ears to the "cry of pain" that comes across the seas. Surely the spirit of Florence Nightingale cannot have

so died out from the girlhood of our churches as to make the latter the sad, yet true, explanation! Certain is it that if a girl of seventeen wants to put out her life to the greatest usefulness both for God and humanity, she can hardly select a calling more calculated to fulfil these ideals and call out the noblest and finest elements in her nature than that of a medical missionary.

Of all bits of glorious and heroic work that are to be found on the globe to-day, that of a lady medical missionary stands out pre-eminent. "*Noblesse oblige*" is stamped upon it all. And as our girl readers or young medical women graduates realise these facts, and recollect that upon the great Mission Field there are women and little children suffering the pangs of a pain which might be taken away, and a two-fold disease that might be cured, will they refrain from asking Christ whether He would not have them become medical missionaries?

2. *The Sphere of a Nurse Missionary.*

It may perhaps be well if we commence our consideration of the work falling to the lot of a nurse missionary by defining who is meant by this designation, the more so as there has been much confusion concerning the application of the title. By a nurse missionary we mean a Christian lady who has acquired a full nursing training, and who, possessing in addition the general qualifications essential to missionary work, decides to devote her life to the nursing side of Medical Missions. That description, it will be seen, places the work of nurse missionaries, just as is the case in the work of medical missionaries, upon a thoroughly qualified basis. They are not missionary ladies who have obtained a smattering of nursing or have become qualified in just one branch of the nursing profession. Such, we heartily acknowledge, render very important and useful service,

and no want of appreciation is shown for their help, wherever it may find a needed sphere. It is, however, most advisable that by the title, nurse missionary, we should mean one definite grade of worker, and hence the restriction that has been indicated.

Then let us add the further point that by nurse missionaries are not meant those who are qualified to be placed in charge of any given medical mission. Some harm, we fear, has been done in the past by nurses being sent out with the loose idea that they might develop a medical work in the districts in which they are stationed. Placed in such a position, nurses have been called upon to treat very serious cases wholly beyond their skill and outside their province, with the result that instead of furthering the cause of the Mission they have imperilled it. Let them, of course, if they happen to be in a place where there is no doctor, by all means attend to those needs and conditions of the people with which they are competent to deal, doing all the good they possibly can, only let it never be that the rôle of a doctor is assumed. And instead of it being at all the practice for nurse missionaries to be stationed in places where there is no medical missionary, this should rather be regarded as the exception, and the rule should be that the nurse is directly associated with the work of a doctor. In such a way we venture to urge there will be secured the greatest efficiency and the finest results.

Passing next to the particular needs which claim the help of nurse missionaries, we find our attention directed to three points.

(*a*) *Nurse missionaries are needed to undertake the nursing superintendence of mission hospitals.*—It will appeal to all that the medical missionary cannot, by him or herself alone, effectively manage the nursing

work of a hospital, in addition to bearing all the responsibility of its medical and surgical work. Neither time nor strength admit of this, nor can the doctor be expected to so ably see to the nursing details of a hospital as a nurse who has been specially trained for that work. Even, however, supposing that the medical missionary is most eminently fitted to do all that a nurse missionary could do, it is by no means the most economical course that his or her time should be so taken up. Manifestly the doctor should be kept free for all the multifarious claims that must rest upon one in that capacity, and the efficiency of the whole work promoted by the assistance of a fully qualified nurse. This view is borne out by the experience of medical missionaries all over the field, and increasingly is it being realised that nurse missionaries have a most fruitful sphere in undertaking responsibility for the nursing work of a mission hospital. The patients' diet, the details of their medical and surgical nursing, their preparation for surgical operations and the after care of such cases, the general nursing management of the hospital, etc., all render the assistance of a nurse missionary an invaluable asset to any mission hospital, and make her work one that is a magnificent second to that of the doctor.

(*b*) *Nurse missionaries are needed to train native Christian girls to be nurses.*—Here is a most obvious and necessary work, and one for which the help of a nurse missionary is of first importance. The work of nursing is one of the best and most useful vocations into which many of the native Christian girls can enter, and naturally their enlistment in that service is just what should be secured. But the essential preliminary is a thorough training, and to attain that there must be in the mission hospital a fully trained European nurse who can put these girl probationers through a proper nursing course.

Hence the need and scope for a nurse missionary, for the work of which calling it will be readily appreciated nurse candidates cannot equip themselves too thoroughly on the professional side. In addition to having a full nursing qualification, they should obtain, wherever practicable, special experience in the nursing of eye cases and tropical diseases, and should obtain an obstetrical diploma. The value of a knowledge of simple midwifery is one to be particularly emphasised, both for the sake of training, and from all other points of view.

By devoting herself to training work, the nurse missionary can multiply her own efforts for the care of the suffering sick. She can mould young Christian girls in one of the most ideal of callings for them, and establish the future of the Medical Mission in this respect upon a sound and enduring basis. Is not such a programme enough to fire the ardour of possible nurse candidates here at home?

(*c*) *Nurse missionaries are needed to add to the evangelistic efficiency of the hospital, and increase its spiritual success.*—No emphasis is too heavy to lay upon this point. The need is very clear, and to none more than to those engaged in the actual work. It is of paramount importance, if the spiritual results of mission hospitals are to be what they might be that there should be a large amount of individual work by the bedside. Yet how is the doctor to do all this single-handed? How can he find the time, to speak of nothing else? If, however, what he can do is supplemented by the careful earnest efforts of a nurse missionary, how greatly can the efficiency of the evangelistic work of the hospital be increased. If the nurse gets into individual touch with the patients, finds out their spiritual difficulties, and skilfully, by the help of the Holy Spirit, puts before them the plan of salvation, in how many more instances

may not the hospital become a birthplace of souls, and a place of spiritual healing?

All this, of course, naturally involves a special course of preparation at home before going out, and no nurse should go to the field without having had evangelistic training. What is indicated in Chapter IX. in regard to this aspect of the training of a missionary doctor should be, in its main bearings, hers as well. Then, too, how much her co-operation with the doctor in this work, and her example, may fire the native assistants and nurses with a like passion. It is not too much to say that to the nurse missionary there are spiritual opportunities not one whit less, in some cases even more, than those falling to the missionary doctor. And it is not possible to appeal too strongly for consecrated nurse candidates who will give themselves to God for this work.

We are led, therefore, to the conclusion that for young Christian girls who cannot take up a medical training, but who feel the call of Christ to the service of Medical Missions, there is open in missionary nursing a sphere of labour which is full of the most glorious possibilities. There are large stretches of the great Foreign Field where their tender skilful womanly ministry is all unknown. There are overworked doctors fighting a losing battle with both medical and spiritual efficiency in many a mission hospital, simply because no nurse missionaries have come to their aid. Veritable gold mines right in the hearts of men and women and children are scattered throughout the non-Christian world, which they may explore, and win back treasure for the Kingdom of Christ. Shall it ever be that with such potentialities the number of volunteers for this department of Medical Missions shall be only a handful instead of a regiment?

CHAPTER IX

THE FAILURE OF MEDICAL MISSIONS

"We might be able to do a great deal of good in advancing the Gospel with inferior medical work, but we should aim at nothing less than the best professional results possible under the circumstances of our position. The best work secures the best results."

It is not unlikely that there will be a good deal of astonishment as the title of this chapter is read. So much attention has been drawn on previous pages to the matchless opportunities and triumphant successes of Medical Missions that there would seem to be no room for even the thought of failure. And yet it is just the very sublimity of the enterprise and the insistent demand that it makes for adequacy and efficiency that constitute its elements of weakness and causes of failure. Not that Medical Missions are failing to achieve in large measure what has been claimed for them, but that the development which is essential to their truest success is being so curtailed, so cribbed, cabined and confined, so lacking in sufficient support, that instead of the best we have only the good, and in place of the complete we have only the partial.

And it is of imperative importance that due and instant recognition be taken of this fact. To go on, as much of Medical Mission work is proceeding to-day—faced with unrivalled opportunities, stimulated with the desire to attempt the impossible, stretching always and ever the "thin red line" until there is never a

second to fall back upon for reinforcements, will inevitably yield a harvest of failure, and water down the results of the enterprise until they are hardly worth the having. It is time, high time, that we paused deliberately to consider what are those factors in the present situation which are sources of inefficiency, and those alterations which should be made in Medical Mission procedure so as to turn the prognostications of failure into the heralds of success. We therefore invite careful attention to the following six contributory causes of failure in the life history of Medical Missions.

1. *Insufficiency of the medical and nursing staff at any mission hospital.*—At the special Medical Conference held at Edinburgh in 1910 in connection with the World Missionary Conference, the following resolution was unanimously adopted:—

"That Medical Missions should be continued and extended and that they should be under the charge of fully qualified medical missionaries, with properly staffed and equipped hospitals, and, where possible, European or American missionary nurses, to supervise the native staff of nurses."

At the same Conference the following "finding" of the Medical Missionary Association of India, was presented by Dr W. T. Wanless, of Miraj:—

"That, in view of the desirability of providing for furlough and vacation without closing hospitals which have once been established, and in view, also of the great responsibility entailed by serious operations, the necessity of having two fully qualified doctors on the regular staff of each Medical Mission station should be urged upon the Home Committees and Boards, especially in the case of Women's Missions."

These strong and influential opinions, which medical

missionaries all over the world heartily endorse, reveal how important is the question that we are now considering. But even apart from such " findings " it will, we think, be apparent to all students of the subject that an insufficient staff must spell inefficiency.

Think for a moment of the kind of work that has to be carried on in mission hospitals. Its scope includes not just a few subsidiary branches of medical and surgical science, but again and again is found to embrace cases that here at home would be deemed fit patients for a dozen and more special hospitals. The medical missionary has to be physician, surgeon and specialist all at the same time, and has, in addition, to cope with the yet unworked out science of many a perplexing tropical disease. He has to perform many a grave surgical operation, and to treat affections, in which the utmost professional skill is required. Moreover, an ever present consideration is the fact that mistakes, if they are committed, mean very frequently far more than they do at home. Here they are understood and occasion, except in rare instances, no weakening of confidence. There the failure to achieve what was hoped for by an operation, or some error of judgment very difficult to prevent, may exert a most adverse influence upon the work of the mission. It is therefore of supreme importance that the work of a hospital should be as free as possible from avoidable failures in treatment.

Now all this means that there is a big strain continually resting upon the medical missionary in charge of a hospital, and that there is a clear call for him or her not to be without a medical colleague whose aid can be quickly obtained. Two doctors should certainly be deemed essential, and very frequently a nurse, if

there is to be a proper safeguard placed against both the occurrence of failures in practice and an overwrought and broken down state on the part of the one doctor left in charge. It may, of course, be perfectly legitimate, and indeed the only possible course for but one doctor to be in charge of a Medical Mission centre during its initial stage, but once let that period be passed, and the red light of the danger signal shines in front, should there be any delay in adding the second doctor, and, especially in the case of women's hospitals, a trained nurse.

Furthermore, there are yet two additional considerations which plainly point out the seriousness of an insufficient staff. The first of these is the necessity of providing for the hospital during the period of absence caused by itinerating tours. Obviously unless there be a second doctor who can remain in charge, either the hospital must be left without a doctor, or the itinerating tours, useful as they are, must be given up. We are aware that trained native assistants have rendered, and can render great service under such circumstances. Not for a moment would we overlook their valued help. But it must be remembered that as yet these native helpers are not, as a general rule, of such a sufficiently advanced grade as to be able easily to assume responsible control of a hospital for any considerable length of time, without the presence of a European medical missionary. The day will come, and every friend of the work will hail its advent, when fully qualified native colleagues will be able to effectively take over the work of mission hospitals, but for the present it would be premature to argue that because of the presence of native assistants, two doctors are not a necessity at these institutions.

Then there is the second consideration, that of

furlough exigencies. Who has not read in the records of societies again and again that because of the absence of the medical missionary on furlough, such and such a hospital had to be closed. Work that was far-reaching in its influence, and from every point of view most necessary, absolutely stopped, and to that extent its power lost, all because no second doctor was at hand to step into the breach when the first went on furlough. The pathos of such a situation is closely bordering on tragedy. Who can think of it unmoved? Can there be the smallest doubt that the only way to prevent a great leakage of influence is to staff our mission hospitals sufficiently strongly that when one doctor leaves, another takes his place?

2. *Inadequacy of medical plant.*—We now touch one of the most fruitful causes occasioning the set back of many a promising Medical Mission centre. And it is certainly one of the most disappointing. For if a medical missionary, fully trained and eager to accomplish the best work, has been accepted and sent out, what could be more calculated to nullify his efforts and limit his possibilities than to utterly fail to provide that degree of equipment which is essential for efficient medical work?

We do not, of course, refer here to what may be described as purely optional, or to any of the refinements of modern therapeutic science, however useful and legitimate such may be, but simply to those items in the equipment of a Medical Mission which are indispensable to success. For example, can there be any question as to the necessity for an adequate supply of drugs and instruments? Yet there have been, and there may be still, medical missionaries who have actually had to wait in vain for these things. Or again,

is it possible to entertain the smallest doubt as to the call for a hospital into which patients can be taken, and surgical work undertaken with sufficient regard to necessary precautions? Yet how many medical missionaries to-day are devoid of a hospital unless it be some feeble makeshift of one which the doctor may have tried to make out of unsuitable native dwellings. The day may have passed when the popular conception of a medical missionary was a man who went out with a box of pills and ointment in his bag, but it is to be feared that there is still a very inadequate idea as to the essential equipment that he requires. To remove that view and implant the correct one should be therefor the constant aim of those who wish to hasten the success and prevent the failure of Medical Missions.

3. *Wastage of evangelistic opportunities.*—The primary aim of all medical missionary enterprise, as we have been already reminded, is to further the spread of the Gospel. For that great end this branch of Christian missions acknowledges its dominant *raison d'être*. It therefore follows that if there is any leakage of spiritual results, any neglect in seizing and following up the unique advantages that Medical Missions present for bringing home to the hearts of men and women the truth of the Gospel, just in so far is there the sign of failure written across the work. Here, if anywhere, must Medical Missions be subjected to the most searching scrutiny.

Now, when thus we look into the day by day experience of medical stations, we find that there is considerable ground for disquietude on this score. Our medical missionaries are toiling with unremitting ardour. They are winning opportunity after opportunity for evangelising the people. But, alas that we have to say it,

these very openings, through sheer lack of time, and because of the fewness of the labourers and the greatness of the task, are at the best only being utilised at a fraction of their possible value.

Let us quote from a most important pamphlet, entitled "Where Medical Missions fail," which was written by Dr Harold Balme, of China, a few years ago. Alluding to the point we have just touched upon, he writes :—

"This is no fancy picture. During the past year I have had an opportunity of visiting fourteen Medical Missions, and of conversing with representatives of three or four others, and it has been only too obvious how real a danger this is everywhere. In many cases the doctor finds his time wholly taken up with the hundred and one details which crowd into each day's work (his native helpers often enough being too few or too slack to render very efficient help), so that the result is that with the exception of an occasional, and possibly more or less perfunctory service, the new patient, whose friendliness and confidence have already been won by the medical skill and kindness received in the wards, never gets into real touch with that 'Jesus' whose name the hospital bears, and so far from receiving the revelation of God's love into his heart, he goes back to his home but little better than when he came. And yet all that time, there has been daily in the wards one of the finest congregations which a missionary could ever hope for—men from all parts of the country, and new to the Gospel; men with plenty of leisure to listen, and free from distraction; and lastly, and best of all, men who have already begun to respond in some little way to the kindness they have been receiving. And the precious opportunity passes because there is no one to take advantage of it.

Proceeding further, Dr Balme discusses the question as it affects the villages and writes :—

"Again, let us take the case of our own hospital. In the course of a year our beds are occupied by scores of men who have never before heard the message of salvation. They come to us, many of them, from places far distant, drawn by the simple fact that some relative or friend, or somebody in the neighbouring village, has been cured at the hospital, and in this way they too get emboldened to try the risky experiment. Thus it comes to pass that many of them, on arriving, are as strange to us and our doings as they are to the Gospel we preach. But a few days' residence in the wards, and the strangeness wears off, and as, by God's blessing, their bodily condition begins to improve, their minds and hearts begin to open to that message which is daily unfolded to them ; and, in many instances, when the day comes for them to leave the hospital, they not only have become our friends, but have also begun to take a real interest in the old, old story.

"So far, so good—but what then ? In our own case we have at present sorrowfully to admit that the great proportion then go entirely out of the sphere of missionary influence. They return to villages where no mission work exists, and in the present state of our work we are quite unable to follow up what has been begun.

"What does this really signify ? Surely if it means anything at all it means just this—that the unique advantages which are thus being won by the hospital, at the cost of so much money and time and strength, are being dropped just as they are in one's grasp, and that whereas our Medical Mission work is being blessed by God to open up village after village, the doors thus

opened are allowed to creak slowly back upon their hinges for want of anyone to enter."

Now, it is impossible for anyone to read these words without feeling how serious is this wastage of evangelistic opportunities. We are faced here with a matter which cuts at the very root of the spiritual efficiency of Medical Missions. And unless there can be found and adopted some means of checking the leakage, it will be idle for us to go on speaking of Medical Missions as a great evangelistic success. Obviously there is abundant need for the most earnest prayer and deliberate thinking concerning this aspect of our subject.

In the pamphlet by Dr Balme, from which we have already quoted, he gives two suggestions for solving the problem. The first is the obvious one to so "staff the hospitals as to enable each medical missionary to spend a fair proportion of his day in direct personal evangelistic work in the wards, and also to allow of one doctor being set free, every now and again, to make itinerating journeys into the country district, partly with the object of doing medical evangelistic work, but more especially for the purpose of looking up old patients and continuing the teaching which has been started in the wards."

The second suggestion is that every mission hospital should have added to its staff one non-medical missionary, whose whole time should be devoted to evangelistic work amongst the patients, both while they are in the hospital, and afterwards when they have returned to their homes.

The appropriate and apposite character of both these suggestions will appeal to all. They include within themselves the most cogent remedies for the failure we are now considering. Needless to say, if there were

enough medical missionaries available, the first suggestion is the best line to adopt, and it should in any case represent the definite aim of every Medical Mission Committee. But in view of the all too inadequate number of men and women medicals now coming forward for this work, it would seem most emphatically that there is very ample room for Dr Balme's second suggestion. Such a non-medical missionary would find abundant scope for his time and energy. He would reach a wonderfully prepared set of people, and his work would enhance, in a very clear and definite way, the spiritual efficiency of the hospital. We believe already that the suggestion has been put in force in the experience of some Medical Missions, and has proved its value. As an instance of this may be cited, a case mentioned by Dr Balme, of a Wesleyan Missionary who was attached to a station in India, where his sister was a lady medical missionary. By following up her old patients he had in seventeen years obtained an entrance to 100 villages, and baptised upwards of 3000 people. Why might not the results of many other Medical Missions be multiplied in a similar way ?

4. *Opening too many medical stations.*—It may be difficult at first to see why this should be reckoned amongst the causes of failure in Medical Missions. After all that has been said as to the need for medical missionaries, how can there be " too many " medical stations ? And yet it is true, only too easily, that the multiplying of medical centres introduces a positive weakness into the work instead of a blessing. The line is thinned out until at no point is its effectiveness what it should be. Important base hospitals are depleted to open advance outposts, with the result that the efficiency of the former

is imperilled, and the work of the latter insufficiently supported, and liable at any moment to complete arrest. True, we cannot remain just where we started and never advance, nor can there always be the avoidance of times of strain when new medical stations are commenced, but it is surely of the greatest importance that there should not be the opening up of such a number of separate Medical Missions as must necessarily involve the unhappy results above mentioned. May it not be serving the cause best to maintain only that chain of stations which can be effectively sustained ?

In this connection we would draw attention to the immense importance of exercising the utmost discrimination in selecting hospital centres. Too often, it is to be feared, mission hospitals have been established in places which, whilst no doubt presenting distinct need, are not those from which large populations can be reached. The consequences are two-fold. Firstly, these hospitals and those in charge of them are denied that scope for which they have potentiality : they are limited in their range of opportunity. Secondly, the existence of hospitals in such places often prejudices the establishment of hospitals in other centres where the degree of utility attained would be so much greater. Not for a moment would we wish to decry any really needy mission station having a hospital. On the contrary we would hail the day when mission hospitals should be established in every part of the field. But, bearing in mind the present limitation of mission resources, and having regard to the immensity of the area yet unoccupied by mission hospitals, teeming as it does with unique opportunities for their peculiar service, it would seem to us the highest wisdom and truest success to plant these valuable and costly institutions

in those centres only where their amplest possibilities for accomplishing the end in view can be utilised to the full.

5. *Designating new medical missionaries to responsible medical positions before their probationary period has been passed.*—Scarcely is there anything more calculated to injuriously affect the entire career of a medical missionary, than the step of sending the new doctor to stations where he or she will be the only doctor, or placing the probationer in positions where medical work will press heavily before the language examinations have been satisfactorily passed. It has been the reproach sometimes cast against Medical Missions that so few of the doctors are good linguists, but how much of this has not been occasioned by the practice of sending new medical missionaries right into positions where they have had to undertake a large amount of medical work before their study of the language was surmounted? It is the peculiarity of Medical Missions that its workers can undertake their work, and are often pressed to do so, by requests which they cannot withstand when they are alone, before they have been in the country many days! Therein they differ from their evangelistic or educational colleagues. How important, therefore, that they should not be put into places where this fatal ability, to instantly engage in work, becomes a curse and not a blessing, when viewed from the standpoint of their life work as missionaries. Can it be questioned that the medical missionary's period of probation on the field should be concentrated upon two main things: (1) getting to know the people and their customs, (2) acquiring the language?

We do not, of course, mean by this that the new doctor should never see or assist in any medical work.

It is obvious that a course like that would tend to his or her becoming seriously "rusty"; moreover, by mixing with dispensary and hospital patients, the doctor will be greatly helped in obtaining the language. But this is naturally quite different to the medical missionary having to assume charge of any medical work, and thereby quickly becoming submerged under its claims.

Clearly the logical and correct plan is to place the young medical missionary where there is at least one other senior doctor, whose work he can watch, without at the same time finding his language study pushed into the background. May the day soon come when no medical probationer will have his early days on the field spent in a different manner! So will the efficiency of the whole work be promoted, and a cause of failure removed.

6. *Sending out new medical missionaries without a sufficient amount of post-graduate work.*—This point, like the last, is of primary importance as touching the personal equation in the work. And it is one which is all too apt to be lost sight of by "lay" committees and those not connnected with medical science. The appeals from the field are so urgent, the paucity of workers is so great, that the temptation to urge the going out of medical candidates as soon as they are qualified becomes well nigh irresistible. But it must be resisted, and with stedfastness, or a grave injury will be done to both the workers and the cause.

For let it be remembered that the recently "qualified" medical, as every one in the profession knows, is but a "tyro" in medical practice. He may possess an almost encyclopædic knowledge of medical text-books, and be able to produce a faultless record of his student career, but he is, at the best, only a "'prentice hand."

He has indeed merely come to the point when the school of theory has to be exchanged for the school of experience. And if his beginnings in that latter school have to be worked out far from masters, who are themselves but senior students in the same school, and under circumstances where he is thrown upon his own resources, and has at the same time to acquire a new language, how tremendously increased are his difficulties, and how great is the risk that the new medical missionary will suffer a heavy disadvantage in his professional work from then right onwards.

Furthermore, it is important that due recognition should be given to the fact which already has been emphasised, viz., that the medical missionary needs to be a specialist rather than a general practitioner. He has to be prepared to meet and treat grave medical and surgical affections, which will test his professional acumen to the full. He has to put up his door-plate, so to speak, where there is no "Harley Street" to call in, and where great issues, missionary as well as medical, may sometimes hang upon his practice. Is it possible therefore, to question for one moment the vital importance of a sufficiency of post-graduate work ere the young medical missionary sails for the field?

It will be our object in a subsequent chapter to discuss the kind of post-graduate work that should be carried through, and we therefore content ourselves here by saying that above all it should be practical, and cover a period of at least eighteen months, its great aim being to develop self-reliance of the right sort. With great earnestness would we venture to urge attention to this matter. It bears a most essential relationship to the success of Medical Missions, and if

neglected or slurred over, may be one of the most prolific causes of failure in the enterprise.

We have thus enumerated some of the main factors that go to lessen the value and undermine the utility of Medical Missions. They are not all that might be mentioned, but they will sufficiently indicate how necessary it is that thoroughness and efficiency should characterise every aspect of the work. Apart from these qualities, Medical Missions, we say it advisedly, will not pay. Of all forms of missionary activity, they supremely require to be done well. Moreover, there is this consideration, which surely ought to carry with it the most solemn right. Medical Missions own their descent and authority from our Lord Himself. His is the sacred Person who constitutes their lofty Ideal. His is the name in whom their service is rendered. And He gave that which was His best. He spared no pains to accomplish His blessed work. Should His followers do less ?

CHAPTER X

THE TRAINING OF A MEDICAL MISSIONARY

"The first then, and incomparably the most important qualification for Medical Missionary Service is love: love that can be felt, that practises as well as preaches."—Dr F. Howard Taylor, of China.

The subject which is to claim our consideration in this chapter is one whose significance it is impossible to overstate or to estimate too highly. The preparation of the individual worker, who enters upon the service of Medical Missions, manifestly touches the whole of the enterprise. It bears a vital relation to the success or failure of the cause, and demands the most careful thinking that can be given to it. If there is defect here by so much is the entire work weakened. Equally on the other hand if the training of a Medical Missionary is what it should be, the gain resulting tends to the advance of the whole work.

How important this is, may be gathered from the way in which the question of training occupied a foremost place in the deliberations of the Medical Missionary Conference at Edinburgh in 1910. At the first session of this important gathering, the following findings were unanimously adopted and sent to the Fifth Commission of the World Missionary Conference, who subsequently annexed them to their Report :—

"1. That the Medical Missionary should be in definite charge of the spiritual work of the Medical Mission, and that this meeting heartily endorses the recom-

mendations in the Report on Commission V. in regard to the spiritual preparation for such work.

"2. That the professional preparation of Medical Missionaries should be as thorough as possible, and that no one who has not passed through the complete medical curriculum and obtained a diploma or degree in medicine from a recognised examining body should assume the title of Medical Missionary.

"3. That seeing it is impossible for each denomination to have a Medical Missionary training institution of itself, such interdenominational institutions as exist, namely, taking them in their chronological order of foundation—

(1) The Edinburgh Medical Missionary Society in Edinburgh;
(2) The London Medical Missionary Association in London;
(3) The American Medical Missionary College at Battle Creek, Michigan;
(4) St Luke's College (Guild of St Luke), London; and
(5) The Medical Missionary Institute for Germany and Switzerland at Tubingen, Germany—

should be encouraged in their work, and warmly commended to the sympathy and prayer of all interested in Medical Missions.

"4. That every Medical Missionary should, before proceeding to the foreign field, have held, where possible, a resident post at a recognised hospital, and post-graduate study in special departments, and in particular eye and tropical diseases."

These recommendations cover a wide ground and reveal the strong feeling as to the preparation of Medical Missionaries which found voice at this Conference. Taken with the important section of the Report of the

above Commission, dealing with the same matter, we have some of the ripest and soundest lines of guidance that can be offered in this connection. It will be our object in this chapter to discuss the subject under the two headings, Professional and Missionary; but before proceeding to do so it may be well if we recall to our minds four essential points.

First of all, let us remember that *the Medical Missionary is a member of the general missionary body.* He is, it is true, a specialist in the ranks of missions, but he is none the less a *bonâ fide* representative of that noble army of workers whose primary and eternal purpose is the spread of the Gospel. Because it so happens that his particular work necessitates large differentiation in both his preparation and actual service, there is no reason, rather the reverse, for viewing him in any other light than that of a missionary. The missionary enterprise is not a series of disconnected units, it is one organic whole and has one predominant aim throbbing through every part. That aim is to obey the Saviour's last command and carry the message of His redeeming love to all mankind. And whatever prefix the missionary may have attached to his name, such a word is not, nor must ever be, more than an adjective of distinction.

Then in the second place it is necessary to keep the fact well in mind that *the Medical Missionary is a missionary entrusted with a twofold piece of work.* The aim may be, as we have already seen, one and indivisible, but the contribution that the Medical Missionary makes towards the accomplishment of that end runs along two perfectly distinct yet inseparably connected paths of service. As was defined at the London Conference on Medical Missions, which met

in 1884, "a Medical Missionary is a legally qualified Medical Practitioner called of God and set apart for the twofold work of preaching the Gospel and healing the Sick." That is to say, neither of those capacities taken separately makes him a Medical Missionary, nor if they fail to exhibit between each other the closest harmony and collusion, can he assume that title. The very essence of the true conception of a Medical Missionary lies in this blending of two vocations into one two-sided ministry. Therein, as we saw in an earlier chapter, lies the very genius of Medical Missions, and it is of first importance that the stamp of this ideal should be impressed upon the Medical Missionary from the earliest days of his preparation.

In addition to these two essential preliminary considerations there is yet another of whose relevancy there can be no question; we refer to *the necessity of the Medical Missionary being one who is not lacking in general educational culture.* Everything points to the significance of this element in his fitness for service. The prolonged and arduous professional training, the peculiarly exacting nature of the subsequent life work, the insistency with which it claims the best of brain and heart, all indicate how imperative it is that the Medical Missionary should be one who possesses a wide mental horizon, and whose capabilities are not meagre. No wealth of professional talent can adequately compensate for deficiency here. The life and work of a Medical Missionary is not a vocation whose educational preparedness is measured by the number of medical degrees that may have been obtained. Behind all that, there is an elemental need for a brain enriched and disciplined by a store of sound learning and general knowledge in which languages and science should have a liberal share.

And then there is finally one further matter which requires careful consideration, and that is, *the immense necessity for the Medical Missionary to be one whose physique and capacity for physical endurance are beyond reproach.* He will have claims made upon his stock of bodily stamina and vital energy which will try the strongest. His duties will call not infrequently for a lavish expenditure of physical powers and demand such a concentration upon exhausting work, as is bound to mean a serious drain. If he starts well, if he commences with a goodsupply of constitutional vigour and wisely develops and conserves it, then the tasks which increasingly will fall to his lot will stand a high chance of being discharged satisfactorily. With a different constitution the case is often far other, and it is therefore of cardinal importance that physical robustness enters largely into the make-up of the prospective Medical Missionary.

Keeping in mind these points let us now revise the main aspects of the two divisions of his training.

I. *The Professional Training*

This may be considered under four sub-headings: (1) Pre-Graduate; (2) Post-Graduate; (3) Probationary; (4) Furlough.

(1) *Pre-Graduate.*—There is no need to refer to this at any length for the obvious reason that the training before qualification is in no way different to that required of any student of medicine. The same time has to be spent, the same classes taken, and the same examinations passed. The Medical Missionary student must "walk the hospitals" just as any other medical student, and hold exactly the same appointments, *e.g.* surgical dresser, as is demanded from the one whose intention it is to practice in his own land. The only difference

lies in the fact that, whereas the last-named will probably never be far outside the reach of whatever skilled help he needs in the course of his practice, the prospective Medical Missionary has to face a sphere of service in which he may have to depend wholly, or nearly so, upon his own resources. Consequently if in any way the work done by the two classes of students is to differ, then it should rather be in the direction of increased thoroughness on the part of the one who is to go abroad.

As to the question—Which of the possible medical qualifications should the Medical Missionary student work for?—we would unhesitatingly advise that which confers a university degree. Not that the diplomas of other examining bodies are in any way to be regarded with disfavour, but rather that with the spread of modern education upon the Mission Field it is of importance that those missionaries engaged in scientific work should be graduates of a university and possess academic status. Moreover, speaking generally the knowledge required for most university medical degrees is in advance of that needed for the diplomas of other bodies, and that is all to the gain, for reasons stated already. There are however the Fellowship diplomas of the Royal College of Surgeons of England and of the Royal College of Surgeons of Edinburgh, which can in no way be regarded as inferior to university degrees, either in the severity of the examinations or in the prestige that they confer. Indeed the first named stands out as one of the most coveted surgical distinctions in the world. And if it is possible for any Medical Missionary student to work for one of these diplomas in addition to his degrees, he should not hesitate to do so.

Amongst other things the pre-graduate stage of the

Medical Missionary should be conspicuous for earnest conscientious practical work. He will need all the clinical experience he can gather as well as all the book knowledge he can acquire. He should duly attend the practice of the special departments, and familiarise himself with all the technique of clinical investigations, pathological work, etc. Furthermore, he should early establish in the estimation of his teachers and in the opinion of his fellow students a character for thoroughness and keenness. In a certain sense the credit of the calling he is taking up rests in his keeping, and however he may lack brilliancy—and that is by no means always an asset—he should never gain the reputation of being a " slacker."

The Medical Missionary student should endeavour to take as many of the hospital appointments open to students as he can make good use of. Whenever there are school examinations to be taken, scholarships or prizes to be competed for, he should try with a laudable emulation to obtain a good place in the list,—not just for the sake of the immediate distinction such may bring to him, but pre-eminently because the work he will in this way have to do provides an excellent training for the sterner tests that will be his in later days. It is also of importance that the value of athletics should not be forgotten, both because of the need to maintain and improve a good physique and in the interests of the cultivation of true manliness.

Thus would we set a high ideal for the pre-graduate section of the Medical Missionary's professional training. The immense importance of laying a strong foundation for the strenuous life that is inseparable from this vocation can never be exaggerated. The best and only the best must be the goal always aimed at; and the

temptation to be satisfied with something less must be stedfastly resisted. From the beginning of his student days the injunction of the Great Apostle "Thou therefore, my son, endure hardness as a good soldier of Jesus Christ"—should be the note ringing in his ears. And if at times the task seems long and its toils too wearying, the Medical Missionary student can surely claim and receive that grace and help which only His Lord can give.

(2) *Post-Graduate.*—The Medical Missionary has now become a fully qualified medical practitioner, and to that extent has completed the greater section of his professional training. He has come to the point at which his offer of service can appropriately be communicated to the Society with which he desires to become connected. Yet at the same time he has by no means qualified himself for instant service on the field. Indeed, if he go out at this stage it may be to court a great disaster to his career, and to learn in the wrong place and by bitter experience what he should have acquired in post-graduate training here at home. It is therefore highly necessary that we should consider the most approved manner in which the Medical Missionary candidate can now proceed to add to his knowledge—experience.

There are two things that naturally suggest themselves as essential divisions in this post-graduate work: first, the experience that can be gained in general medical and surgical practice, and secondly, the special experience that is required, for one going abroad, in certain particular sections of scientific medicine.

As to the first of these we are persuaded that nothing is more valuable or more likely to give what is required than resident hospital appointments. In fact it is

difficult to avoid the conclusion that the holding of at least one such post should be regarded as an indispensable part of the post-graduate training of the Medical Missionary. In no other way can he so well acquire that practice in clinical observation, and that intimacy with the treatment of medical and surgical diseases, which it is essential he should possess when called upon later to undertake the work of a hospital on the field. Furthermore, it is of supreme advantage to a young medical graduate to have the opportunity of working immediately under the eye of a master in the profession, and to have his natural weaknesses in diagnosis and practice pointed out and corrected. Then, too, whilst he is engaged in preparatory work for one of the higher examinations a resident appointment carries with it a high degree of intrinsic value.

One point should be emphasised, and that is that whatever other appointments may be held a surgical resident post should not be omitted. Surgery of necessity bulks very largely in the practice of almost every mission hospital, and we have known of one case at least where the failure to hold a surgical house appointment before going out placed the young Medical Missionary at a very grave disadvantage. At least six months should be devoted to the work of such a post.

In connection with this general part of his post-graduate training there is one caution which we would venture to give to the Medical Missionary candidate, and that is, not to allow his off-time to be disturbed by too many outside calls for meetings, etc. It is, alas, too easy for this to happen, and secretaries of Societies are too prone, as they hear of a prospective Medical Missionary, who perhaps can be introduced to

churches as an outgoing volunteer, to press upon him the duty of fitting in such engagements. Yet, whatever gain may be derived by the words that a Medical Missionary candidate may thus address, nothing can compensate for the distraction and diversion that such work involves to the proper claims of his resident post. An occasional meeting or Sunday service may do no harm, but a jealous guard should be kept against anything like an habitual invasion of the time he has at disposal during this period.

We come next to the second part of the post-graduate training, viz., that which gives special experience in certain particular branches of medicine. As to this, no hard and fast rule can be laid down, and each case must be dealt with upon its merits, with due regard to the field in view. But speaking generally, there are five branches of medical study from which the Medical Missionary candidate will do well to select subjects to which to devote from six to nine months of his time before proceeding abroad. These are : (1) tropical medicine, (2) eye diseases, (3) practical bacteriology, with in addition, in some cases, public health, (4) difficult midwifery, and (5) throat, nose and ear diseases.

The first-named of these can be studied at one or other of the special tropical schools now established, and for those going forth to fields like Africa, India, and and the greater part of China, a course of three months at such a school should be rigidly regarded as an essential. It would be well, also, if those taking the course were to obtain the diploma in tropical medicine, for which an examination has to be passed.

The study of eye diseases should be pursued at a special ophthalmic hospital, with which, in most cases,

courses particularly designed for post-graduates will be found to-day. If the field in view be India, China, North Africa, Palestine, Persia or Arabia and certain other lands, it will well repay the Medical Missionary to obtain, if he can do so, a junior clinical assistantship under one of the ophthalmic surgeons. If that is impossible, then a clear three months should be devoted to regular attendance upon the practice of the ophthalmic hospital which has been selected. In any case, care should be taken to include one of the classes on the operative surgery of the eye which are arranged from time to time at most eye hospitals.

Practical bacteriology is increasingly important, and six weeks given to a laboratory class in this subject will be of great value. There is hardly a field where the technique and knowledge thus gained will not prove most useful. If beyond this it be possible to devote from three to six months in the study of public health, it may be very valuable in the case of those proceeding to fields like China, where sanitary reform is bound, ere long, to be a burning topic, and where the Medical Missionaries may be looked to for a lead in such matters. A course of lectures on hospital administration, as is usually held in connection with the D.P.H. course, will also be of real value in view of what Medical Missionaries have to do on the field in the administration of their own hospitals.

A course of difficult midwifery particularly applies to lady Medical Missionaries, and should, in their case, be deemed essential. On the part also of men medicals, a study of the subject for those going to certain fields, *e.g.* China, may be esteemed as very important. The practice of one or other of the lying-in hospitals affords scope in this direction, and from one to three months

given to this study may prove later on to have been time amply repaid. In a similar way experience in clinical and operative gynæcology at some hospital for women may mean to the Medical Missionary candidate, man or woman, considerable gain.

Finally a study of throat, nose and ear diseases at some special hospital devoted to that class of affections is of real value, and this can often be worked in with the class of practical bacteriology and attendance at an eye hospital. As in the case of the last-named if it be possible to obtain a post of junior clinical assistant, it will be well to do so inasmuch as this confers the privilege of conducting many of the minor operations and becoming proficient in the technique of the methods of examination. Generally speaking three months will prove sufficient for this section of post-graduate training.

There are of course, beyond the foregoing, other branches of medical practice, *e.g.* skin diseases, which may with great advantage claim a share in the time at disposal. And it may be that in the place of some of those we have specially drawn attention to, such other work should be included. But, however that may be, enough will have been said, we think, to make it apparent that there is ample to occupy the time and energy of the Medical Missionary candidate ere he sails for his destination.

On the other hand he should not undertake more than he can adequately deal with at any given time, nor allow his time to be frittered away with running from one hospital to another. Rather should he, in the first place, carefully think over his available time, and then by consultation with Medical Missionaries from the field, and others best qualified to give advice, map out a schedule of the work that seems most

necessary and that can be properly carried through. Having done so he should as determinedly give himself to the study of the subjects selected as he did previously to the work of his hospital appointments. The result, by God's help, will then be all that could be desired, and the Medical Missionary will finally terminate his post-graduate training and sail for the field, feeling that he has equipped himself professionally, as far as it has been possible for him so to do, for the great purpose to which he has consecrated his life.

(3) *Probationary.*—Not much need be said under this heading; but it is necessary to emphasise that the Medical Missionary, during the two years of his probation on the field, and whilst he is pursuing his language studies, should not be severed from contact with medical work. It is, of course, of highest importance that the primary claim of this period should be language study, and that with such in view he should not be placed in charge of medical stations, or where he will perforce have to respond to the call for medical help. On the other hand, the young Medical Missionary, if he sees no medical work, will get "rusty," and hence he should be placed at some principal medical station where there is at least one senior Medical Missionary whose work he can watch, from whose experience he can learn, and under whose guidance he can familiarise himself with the diseases of the people, and the most successful modes of treatment. Too often, by being denied such an advantage, have Medical Missionaries suffered in their professional work, and though it may mean delay in opening up fresh medical stations, the new Medical Missionary should be carefully shielded during his probationary period and given the opportunity to add the coping stone to his professional preparation.

There is also this further point upon which emphasis should be laid, viz.—the great importance of the young Medical Missionary learning, during this period, to understand native customs, and to grasp the native point of view. How essential all this is to successful work, none but Medical Missionaries of experience can adequately realise. But the fact of its immense importance enhances the value of this probationary period of training.

(4) *Furlough.*—What has been said already concerning the extent and variety of a Medical Missionary's professional training will, we think, make it easy to understand that it is necessary for the periods of furlough to be utilised, in part, for the acquisition of fresh knowledge. Medical science is forever advancing, and nothing is easier than for medical men who are immersed in busy practices in this country to become very quickly out of touch with new discoveries in modern medicine and surgery. How much more, then, is it almost a certainty that those who are working as Medical Missionaries on the Foreign Field will remain unaware of, and their practice unaffected by, these advances! They have small time even for perusing medical journals, and working, as so many of them are, for long periods in isolated places, it is next to impossible for them to do other than get into arrears, so to speak, with their medical knowledge.

Herein then lies the obvious need that part of the furlough of a Medical Missionary should be given up to refreshing his acquaintance with medical science. He should be given time free to attend the practice of some hospital, and to take, if necessary, one or other special course of study which his experience on the field shows to be of particular importance. Moreover,

not only should a sufficiency of time be granted for this purpose, but the Medical Missionary should be afforded all the guidance that can be given by the Medical members of the Home Committee, and where such is required, financial assistance should be rendered. It should in no way be regarded that time and money spent in this direction are an expenditure which is of less value than that given to deputation work, great as is the importance of the latter. Rather should it be held that for the Medical Missionary to fully avail himself of every opportunity that is open to him of establishing an up-to-date contact with modern medicine is to make a direct and vital contribution to the efficiency of the great work with which he is entrusted on the field. Facilties are not lacking to-day in all the main centres in the Home land whereby Medical Missionaries can obtain the exact courses which they require, and it is to be hoped that in a far larger measure than hitherto, this part of their post-graduate training will take a recognised place in their periods of furlough.

II. *Missionary Training*

We now commence the consideration of an aspect of the Medical Missionary's training which is of supreme importance, and which, while in no way obscuring the necessity of regarding the professional preparation in the light of a solemn obligation, is yet that which must be kept always in a foremost place. It has already been observed how essential it is that the Medical Missionary should be pre-eminently a missionary, and that in no way he should ever forget that he is called to preach as well as to heal.

Speaking at the Ecumenical Missionary Conference held in New York in 1900, Dr C. F. Harford, Principal

of Livingstone College, and Secretary of the C.M.S. Medical Auxiliary, placed the same emphasis upon this essential fact. He said—"I would assert in the most unhesitating manner that the Medical Missionary must be every inch a missionary. It is the one who can aid the body who will have influence on the souls of the patients, and if there is a dissociation between the medical and the spiritual, the primary idea of the Medical Missionary is gone. We want then, as Medical Missionaries, persons of the deepest spiritual power. There is no need of any elaborate theological training, nor even must the Medical Missionary necessarily be a great preacher, but experience in the sacred privilege of soul winning, and the power and knowledge to point clearly the way to everlasting life, should be regarded as indispensable." In the same strain Dr Jacob Chamberlain of India spoke at this Conference, using the following words—"The idea is confirmed that no man and no woman should assume to be a Medical Missionary without putting the great emphasis on the second word, *i.e.* missionary. Anyone who goes out as a Medical Missionary, and does not put the emphasis on that second word, is a misfit in the missionary ranks."

But now there arises the practical question as to the extent and character of this evangelistic work of the Medical Missionary. Does it mean that to the Medical Missionary will fall all the different forms of missionary labour which attach to the calling of the Evangelistic Missionary? Clearly and emphatically, No! Obviously, to expect one who has the responsible and exacting demands of medical and surgical work, coupled, as it often is, with insufficiency of skilled help, to add to all this, the work of a pastor, a teacher, a preacher,

and a general missionary superintendent, is to lay a premium on inefficiency, and insure an early breakdown. No such attempt at the impossible is necessary or expedient. The Medical Missionary must be an evangelist, but his service in that supreme task must not be expected to overstep the limits of his special sphere.

That is to say, the Medical Missionary will to the utmost work as a preacher of the Gospel amongst the patients who seek his aid. He will leave no stone unturned to win souls for Christ in his hospital and dispensary, and when engaged elsewhere on his errands of mercy. If, in addition, as must rarely be the case, the Medical Missionary has time for further evangelistic effort, beyond the bounds of his medical work, it will be to him a coveted privilege to redeem such opportunities for the sake of Christ. But if no occasions like that present themselves, he need not repine, but rather esteem all the higher the unique opportunities which come to him through his medical work.

One word of caution should, however, be stated here. The Medical Missionary will be performing a disservice to the whole cause, and not adding to its value, if, in order to do what may appear to be the more spiritual side, he neglects the rightful claims of his medical work. True, he must never shelve the general supervision of the evangelistic work of his Medical Mission, but if his pressing medical duties forbid his taking part in all the services, if his work as a doctor effectually prevents his taking all the share he would like to do in such work, then the Medical Missionary should regard it as his part to see that others—fellow missionaries and native helpers—are redeeming the opportunities which the medical work has opened up and which he can himself utilise so sparingly.

Now if from what has been said above we may deduce the general character of the Medical Missionary's evangelistic work, it will be easy to determine wherein he needs to be thoroughly well grounded, and the lines along which his preparation should proceed.

He will require to possess—

1. A knowledge of the Bible, particularly the Gospels and Epistles, and how to use it.

2. A clear grasp of the fundamental doctrines of the Christian faith.

3. A knowledge of the evidences of Christianity.

4. An intelligent acquaintance with the religious beliefs of the people amongst whom he is to labour.

5. An experience of definite evangelistic work, including soul winning.

There is nothing in this which need alarm any Medical Missionary candidate, nor is there one point which he will not be thankful to have studied when he is brought face to face with his missionary work on the field. Placed opposite to that work, the above summary is the irreducible minimum of efficient preparation, nor is it more than any well-drilled Christian worker, here at home, should be expected to possess. We are fully aware of the onerous demands upon time and strength which confront medical students of the present day, in regard to their professional work. And in no sense of the word would we wish to weaken the close and earnest attention which those preparing for Medical Missionary work should give to their medical training. The highest skill and widest ability is needed on the Mission Field. But when all that is said and allowed, the imperative necessity for preparedness in relation to what is essentially the supreme purpose of the work must be conceded. To designate the work as Medical *Missionary*, and yet

fail to include an adequate missionary preparation would be but to retain a name that would of necessity —owing to this elemental defect—come dangerously near a misnomer, as regards the practice of Medical Missions.

It is therefore of material importance that due consideration should be given to the problem as to how this Missionary preparation of the Medical Missionary can best be secured.

Two possible ways of solving the question are suggested by the Report of the Fifth Commission of the World Missionary Conference, and, taken together, they would seem to afford sufficient promise of covering the ground. One is what may be called the *outside*, and consists in plans whereby the medical mission student can be helped, by organised effort, in the direction desired. The other may be described as the *inside*, and is that preparation which he can work out for himself. Both are important, and both should find a place in the experience of every medical missionary candidate.

To begin with the first, the suggestion is made that the Secretaries of Missionary Societies, together with the Student Volunteer Missionary Union and the Secretaries of Missionary Training institutions, should early get into touch with a considerable proportion of their medical candidates, and so be in a position to help them all through their student days. This has already been done in the experience of one Society (the B.M.S.), which has formed into a small Association all those medical students with which it can come into contact who are preparing for its foreign work. Those belonging to the Association are communicated with regularly, and where there are a few in one centre, these have

meetings at occasional intervals, at which an effort is made to secure the presence of a Medical Missionary from the field, who can give his experience of the work and afford counsel and guidance. Such meetings have been found most helpful in sustaining an earnest spirit amongst the students, and in keeping them in close touch with the Society. Moreover, there has been arranged in connection with this Association a scheme of Bible and Theological study which the students are asked to pursue through their medical course, and upon which two examinations are held during the period of preparation. These afford the students themselves good tests of their knowledge and give to the Society a means of knowing how far their medical candidates have the requisite amount of missionary preparedness.

Apart from what has thus been done in one instance, there is, of course, the instruction that is given by the Medical Missionary training institutes to the students preparing under their auspices.

This consists in both systematic biblical instruction and in actual experience in evangelistic mission work. Taking as an example the training work of the Edinburgh Medical Missionary Society, we find that the students who are prepared under its ægis have first of all yearly courses of lectures on the Bible, Christian Doctrine and Evidence, together with some outlines of the non-Christian faiths. All this, it will be observed, covers most essential ground. Then, in addition, the students engage in practical evangelistic work in the Cowgate district of Edinburgh, where the Society has as its mission headquarters a building known as the Livingstone Memorial. Here a resident doctor is kept, and an active dispensary work carried on, in which the

senior students take a large share. Open-air preaching, dispensary services, and all the work of a busy home mission centre give to the embryo Medical Missionaries splendid scope for the missionary part of their training, and many a doctor upon the Mission Field to-day looks back with gratitude upon his "Cowgate" experiences.

The same might be said of the training afforded by the London Medical Missionary Association, with whose Institute there are connected various Medical Missions, in the work of which the students obtain a direct acquaintance with evangelistic effort. Systematic Bible study is here a feature also, and is of a valuable character.

For those students unconnected with any Medical Mission training college, considerable help can be derived from the Bible Study Circles organised in connection with the Student Volunteer Missionary Union.

There would, however, seem to be a distinct need for greater effort on the part of the larger missionary societies in the way of providing more systematic assistance for medical missionary students in the missionary side of their preparation. Particularly should stress be laid upon practical evangelistic work and definite experience in soul winning. It is to be feared that too many medical missionaries have gone out with very defective acquaintance with this side of their preparation, and as far as ever societies are able, their medical missionary students should be guided along this line.

Then in the next place there is the preparation that the student can effect for himself. This is of paramount importance, because the more he schools himself to habits of personal devotion, and personal Bible study and Christian service, the more will he lessen the risk

of sinking the missionary in the medical and the stronger will he become as a hardened soldier of Jesus Christ.

It will be readily realised that the temptations to faith and character to which again and again a Christian medical student is subjected are often very acute. These temptations go very frequently right to the foundation, and the trial is often a fiery one. They cannot be shirked, however, and hard though it may be, the medical missionary student must wrestle with them and become victorious. Otherwise he will stand no chance when he faces yet heavier odds on the field. Of all men the mission field has no room for those who are assailed with doubts that have never been silenced.

We would therefore urge with great earnestness the importance of every student cultivating a life of private devotion, prayer, Bible study, and thought, and maintaining as far as ever he can attendance at the services of the House of God. Beyond this it seems to us most important that when opportunities offer for evangelistic work in the open air and in mission halls on Sundays these should be seized, as well as any openings for personal work amongst fellow-students, and with patients in the wards. There is nothing that so keeps a man's faith and love true and bright as personal service for the Christ who has redeemed him. And if all through his student days this aspect of his missionary preparation is regularly maintained, there will be no fear that the medical missionary student will come to the point of departure for his field of work other than well prepared for a life of loving, successful testimony for his Lord.

There is, alas, a terrible danger of spiritual declension during student and post-graduate days, and the imperative necessity of maintaining, at all costs, the

habits of personal devotion and regular Christian work, to which we have alluded is very great. Pathetic examples could unhappily be given of quite a number of intending medical missionaries who have suffered spiritual shipwreck during their student career; and we owe gratitude to Dr Harold Balme for specially drawing attention to this grievous cause of leakage from the ranks of medical missionary volunteers. In instance after instance, it is to be feared, that the lapse had its origin in a neglect of private devotions, in a failure to cultivate the inner Christian life. The "morning watch" has been omitted or slurred, the "daily portion" has been crowded out; and the pressure of other claims has been allowed to invade the time that should have been kept sacred for the soul. We therefore *plead* that medical missionary students should keep zealous guard over their spiritual life, and so school themselves to regular habits in this connection that by the help of the Holy Spirit they shall come off victorious in this insiduous temptation of the Evil One.

The question as to whether missionary societies should make provision for their accepted medical candidates to devote a certain period before sailing to a course of special preparation at a missionary college or training home depends, it would seem to us, upon the necessities of each case. If such a course be arranged with the idea that it might take the place of any missionary preparation, of the kind described above, during the student days, we would most strongly deprecate it. Nothing can take the place of the early and systematic association of the medical and the missionary in the life thought and work of the one whose purpose it is to devote his life to his service. At the same time there are, without doubt, occasions where the addition of a

course of special missionary study after graduation is of the highest advantage and indeed necessary. It should certainly be insisted upon whenever there is any suspicion of missionary unpreparedness on the part of the medical missionary candidate ; and if there be any difficulty in fitting in a course at some special College, etc., a most excellent alternative is to be found in a time of reading and evangelistic work with some master mind in the ranks of the Home ministry.

During the time that is being devoted to the foregoing, or whilst the accepted medical candidate is pursuing his post-graduate medical studies, a further very useful extra preparation is that which consists in preliminary study in the language of the people amongst whom he is hoping to labour. This is strongly advocated by the Fifth Commission of the World Conference, and now that facilities are increasing for prosecuting such study in at least a few of the Eastern languages, and in more than one centre in Great Britain, and elsewhere, it is to be hoped that medical missionaries will not be sent out in future without having had this addition to their missionary preparation.

CHAPTER XI

THE HOME BASE OF MEDICAL MISSIONS

"The Church of Christ, in all its branches represented in this Conference has at its command resources for the completion of this work possessed at no other period in its history . . . It is not so much a question of new resources as of the development and employment of resources already existing, but as yet either undiscovered or unemployed."

Report of Commission VI. of the World Missionary Conference, 1910, *upon the Home Base of Missions.*

No attempt to deal with the enterprise of Medical Missions would be complete without some reference to the Home side of the work. In many senses, indeed, this may be regarded as that of more pressing importance. With considerable force it may be argued that unless a strong and effective Home Base can be established it is idle to discuss the subjects that have claimed our attention in earlier chapters. Manifestly there must be such a base, and the better equipped it is to consider the problems and wisely sustain the labours of those at the front, the more likely it is that the whole cause will achieve its highest degree of usefulness.

Let us commence with a clear understanding of what is exactly meant when we speak of the Home Base of Medical Missions. It is of first moment that we know where we stand here. We refer then, by the foregoing designation, to either separate and distinct Medical

Missionary Societies, or to Medical Auxiliaries of general missionary associations: in either case, organisations which include within their counsels the expert judgment of Christian medical men interested in the spread of the Gospel. The plan whereby the direction and support of Medical Missionaries and their work, is left in the hands of general Mission Boards, to be dealt with by those who have no particular knowledge of this phase of missionary work, is, we venture to assert, calculated to keep back rather than further the efficiency and interests of the enterprise. To imagine that Medical Missions require no special technical experience for their administration and development is a serious misconception which should never be entertained. If there is a need, and room for the propagation on the Mission Field of this highly specialised department of missionary labour, then here at home there should be brought into being definite bodies which will give to Medical Missions the consideration and support that they deserve and demand. This need not mean more than the establishment of Medical Mission Auxiliaries in connection with the existing missionary societies, but it certainly should mean nothing less.

The functions of such a Home Base may next be considered, under the following headings: (1) Educative, (2) Financial, (3) Administrative.

(1) *Educative.*—The work of informing and educating the Home Churches concerning the claims and needs of Medical Missions is naturally the first task to which the energies of a Medical Mission Auxiliary requires to be directed. Until there has been created an intelligent interest in this aspect of missionary service, there cannot, obviously, be any effective advance in its extension on the field. Here clearly must be found

that wise laying of the foundations which is the guarantee of success in later stages.

Now when this work is undertaken, two things become apparent; first, that Medical Missions possess qualities which permit of a particular interest being aroused, and second, that there is ample room for the development of this specialised interest without detracting from the attention that should be given to the more general sides of missionary labour. Let us look at each of these in turn for a few moments.

Taking the first, it will, we imagine, be patent to all those who have become acquainted with the considerations discussed in previous pages, that Medical Missions are calculated to make an appeal to the mind and heart of the Home Churches which is all their own.

The note they strike in the imagination of the Christian public is one which inevitably awakens echoes of sympathy from those touched with the spirit of Christ. The message they convey is so perfectly human and yet so divinely inspired with the compassion of the Saviour, that it is impossible to conceive its rejection. Again and again it will be found that the man who is indifferent to missions as missions is quick to admit his sympathy with Medical Missions. Their necessity is so undeniable, their peculiar functions so incontrovertible that there is hardly anything easier in the whole realm of missionary advocacy than to generate a special interest in Medical Missions.

Then when we come to inquire whether there is room for the creation of this particular interest without displacing that taken in general missionary activities, there is elicited the very plain fact that such is the low ebb of real missionary interest in so large a number of the Home Churches, that the scope for rallying to the

standard of Medical Missions the many who manifest no care for ordinary mission work is very great indeed. How often is there found amongst good Christian people a strange and unaccountable blindness to the rightful claims of Christian missions as ordinarily carried on. Let, however, Medical Missions be presented to these friends, and it is wonderful, in many instances, how their lack of apparent sympathy is transformed into active support, and what is still more encouraging, this new interest on Medical Missions is often followed by the commencement of an interest in missions generally. Furthermore, even amongst those who are included in the ranks of "Missionary people," it is repeatedly the fact that there is a ready willingness to appreciate the special significance of Medical Missions. The introduction and diffusion of an interest in this particular section of the missionary enterprise is therefore not merely a possible achievement, but one that is definitely attainable.

The actual ways in which this educative function of the Medical Mission Home Base will be discharged are many and various, and naturally cover a wide field of organised advocacy. Three only have we space to mention here. First, there is the work that can be done by the production of medical missionary literature, and which cannot be said at present to be at all adequately exploited. The appeal of the pen is certainly lacking, to a great extent, as regards Medical Missions. Only one of the great British Missionary Societies has, as one of its monthly publications, a periodical devoted to the interests of Medical Missions!

Second, there is the invaluable service that can be rendered by mission study. It is impossible to speak too highly of its importance. By its means, if Medical

Missions are chosen as a subject, a really intelligent and comprehensive interest can be secured. The holding of study circles throughout the churches would mean a most effective contribution to the removal of apathy and the stimulation of a keen interest in this phase of missionary effort.

Third, there is the advocacy of the spoken voice. And here let us emphasise the value of securing medical speakers, and if possible, medical missionaries. The doctor, man or woman, is the one pre-eminently who can, with greatest influence, press the claims for Medical Missions. His presentation of the matter will be often listened to and be welcomed by those who would give very little attention to the non-medical speaker. Not that the latter cannot urge the claims of Medical Missions with peculiar power, but that the doctor stands in the position of one who knows, and whose professional knowledge enables him to speak with particular force and clearness. The organisation of special medical missionary meetings at which addresses can be given upon this aspect of Foreign Missions, is therefore a line of propaganda calculated to exert a strong influence in the work of the Home Base.

(2) *Financial.*—It naturally follows that after the educative function has been brought into exercise, there is both room and a call for the putting forth of effort to secure financial support on behalf of Medical Missions. As to the necessity for adequate funds, so as to render possible efficient development of the work, enough has already been said in previous pages. And it does not need more than a passing acquaintance with the general state of the finances of practically every missionary society to be aware that, as things stand at present, there is small hope of those adequate

funds being at disposal, apart from what may be accomplished by means of some special appeal. Obviously then, it is one of the main tasks of the Medical Mission Home Base to bring all its powers to bear upon the successful organisation of such special support as may be won by representing the needs of the work.

Moreover, this is the natural complement to what is done in educating the Home Churches as to Medical Missions. If they are being led to an appreciation of the value of the enterprise, then in orderly sequence there must follow an appeal for the consecration of gifts to this service.

Now, we are quite aware that there is a good deal said in defence of making but one general appeal for missions, and refraining from the organisation of Special Funds. It is urged that the latter inevitably mean a diversion of help from the General Fund, and that what is given in one direction is simply, or very largely, lost to another. Arguments are advanced in favour of "pooling" the financial result of every appeal, and whilst no objection is entertained to presenting various aspects of the work and stating their several needs, yet it is considered by many that it is inadvisable to create a distinct and Special Fund for any one given object. Of course this will be understood to refer only to missionary societies which are general in their character, and not purely medical, and where a Medical Mission Department takes the form of an auxiliary.

On the other hand, it seems to us that there are several solid reasons in favour of the plan of having a Special Fund, certainly as far as Medical Missions are concerned. In the first place there is the undeniable fact that there is a not inconsiderable number of the members of the Home Churches who are prepared to exhibit practical

sympathy with Medical Missions, while remaining, to a great extent, untouched by the appeal of missions in general. It is to us all a source of regret that such friends should fail to realise the sublimity of the missionary enterprise as a whole, or miss the obvious moral that "Christian" and "Missionary" are interchangeable terms, in the vocabulary of the religion of Jesus Christ. But it is nevertheless the fact that in the modern Church many are glad and willing to accord their support to Medical Missions, if the appeal for that work be presented to them, when to the claims of missions, as ordinarily understood, they only shew a nominal interest.

Then there is, in the second place, the further consideration that many of the members of the churches, who are already keen supporters of missionary work can be induced to take a still larger share in the cause if they have brought under their notice some special section of the work requiring particular help. That, it will also be admitted, is an unmistakeable fact. Again and again has it been found that the result of making an appeal for Medical Missions, after repeated attempts to increase the giving of any Church or congregation for general missionary funds had been made with varying success, has been to enlist new and fresh subscriptions from those who had apparently arrived at the limit of their missionary contributions. A new chord has been set vibrating in the sympathies of the heart, and to the fresh strains there has come a renewed uprising of the spirit of the Master. The need for an advance in giving, in order to meet a hitherto unknown want of the Mission Field, has pressed itself home upon the Christian consciousness, and the appeal for such, instead of leading to diversion of support, has discovered additional help

and enhanced the conception of the greatness of the missionary enterprise.

Beyond this yet again, it is suggested in the third place that specialisation in giving renders the act very frequently more intelligent, and less indefinite. We do not say that this is always the case, nor that the reverse is by any means an unvarying rule. But it is without doubt true that contributions devoted to special aspects of the work other than to the cause in general, do mean to the giver, in many instances, a more definite interest and a clearer idea of the scope and character of the work than is otherwise too frequently the case. The subscriber who, in addition to what he may give to the General Fund of his missionary society, contributes to a Medical Mission Fund, for the support of doctors, nurses, and hospitals, acquires through so doing a broader grasp of the work, in the large majority of cases, than is the case when he makes no such special subscription. The very act of particularising his gifts causes him to think more about the work, and to become more conversant with its diversities of operation.

And finally, there is the testimony of experience, concerning which, as far as can be ascertained, there is no uncertain sound. In the case of those societies which have instituted special Medical Mission Funds, far from leading to support, being diverted from General Funds, it has been emphatically proven that the Medical Mission appeal has resulted in the creation of new and "found" revenue. In a certain few instances, subscriptions, which previously went into the General Fund, may have been given to the Medical Fund, but that is the rare exception, and not the rule. What has actually happened is that the support accorded to the Medical Mission appeal has been so encouraging that

the societies in question have been enabled to make an advance in their Medical Missions that otherwise was deemed impossible. Doctors have been sent out, hospitals erected, fresh medical stations commenced, and the entire medical field impelled forward with the stimulus of new hope and vigour. Instead of the General Funds having to declare their inadequacy to meet such calls, they have not had even to face the problem, and, by the growth of the Special Fund, have actually been relieved of practically all the Medical Mission expenditure. That is the testimony of ascertained fact, and it should prove sufficient to silence any remaining doubt.

It may be interesting to the reader if the author here gives some actual figures from the experience of the medical auxiliary with which he has been officially connected for the past ten years. This auxiliary was established by the Baptist Missionary Society and the Baptist Zenana Mission in 1902, and at the end of the first financial year in March 1903, an income of £432 had been received for the Medical Missions of the "parent" societies. It was obviously the day of small things. But the work of educating the churches was carried forward, and the appeal for financial help pressed home, with the result that at the close of the tenth financial year in March 1913, the total Income reached the figure of £11,760. Moreover, the number of medical missionaries had been increased from ten to twenty-six; the number of hospitals from four to thirteen, and a staff of nurse missionaries created, thirteen in number. All this, let it be observed, has been effected without adding to the responsibilities of the General Funds, and so far from occasioning the diversion of support, the fact has been brought out

that the average yearly deficiency in the General Funds of the parent societies has been less for the ten completed years of the medical auxiliary, than it was for the corresponding period immediately preceding them.

The medical auxiliary of the Church Missionary Society has an even yet more encouraging story to tell, and the support that can thus be given in the shape of actual experience, to the working of a Medical Mission Department, should certainly commend, with considerable strength, the utility of its financial function.

(3) *Administrative.*—The work that requires to be done in sustaining and directing the labours of the medical staff on the field is naturally an inseparable part of the service falling to the lot of the Home Base. Moreover, it is a duty which grows easily out of these educative and financial functions which have just been noticed. Given that, interest has been aroused, and funds collected, it is of importance that there should be set in operation suitable machinery for administrative purposes. Therein is found an additional responsibility of the men and women who are called to serve at the Home end of the enterprise.

Now, it is not necessary in a book of this kind, to enter at any length into a discussion of the various aspects of Medical Mission administrative work. All that comes under that heading will be thoroughly and quickly appreciated by those who are associated with the conduct of any missionary society. There are, however, two points upon which, in our opinion, the greatest stress should be laid. First, that the administration of Medical Missions should be carried on by a special departmental committee appointed

for the purpose, and having a medical secretary, and second, that this Committee should have in its membership Christian Medical men and women who are truly interested in Medical Missions. Here again it must be understood that we are referring to the administrative work of Medical Missions in connection with one of the general missionary societies.

Regarding the first of the above two points, it would almost seem as if it were superfluous to emphasise such an apparently obvious consideration. And yet how few amongst the missionary societies, in Britain at least, have delegated the matters appertaining to their Medical Missions to a special committee constituted for that section of the work! To an astonishingly great extent the administration of Medical Missions has been in no sense differentiated from the management of missions in general, and its problems left to the consideration and decision of bodies who can lay claim to no particular intimacy with the special lines along which Medical Missionary service must run. The result, naturally, can hardly be calculated to promote the finest leadership in Medical Missions.

Emphatically, if this work is what it has been shown to be—a highly specialised department of the Missionary enterprise—then for its effective administration there must be duly and wisely appointed committees who can make it their particular care to become familiar with the varied aspects of modern Medical Missions. We plead in no way for a dissociation between the administration of general mission work and that of Medical Missions—were that to occur it would be a matter of profound regret—but rather that whilst linked closely and intimately with all the other deliberations connected with the conduct of a missionary society,

there should nevertheless be a distinct provision made for the consideration of the department of Medical Missions.

And then, as an essential part of such an arrangement, it would appear both wise and expedient to have attached to any Medical Mission committee the services of a medical secretary, who can form part of the executive of the Society, and be the officer specially charged with Medical Mission administrative work. When it is remembered that Medical Missionaries form a band of men and women who are engaged in highly technical work, in the discharge of which they have frequently to look for assistance from home, how almost axiomatic it becomes that there should be at the Home Base a medical secretary who can rightly interpret their needs and desires to the Committee, and be their agent, so to speak, so far as that is needed. Furthermore, since one of the duties that must naturally devolve upon a Medical Mission Committee is that of inquiring into the professional fitness of Medical Mission candidates, does it not appear yet more incumbent that the secretary should be a medical man or woman? He (or she) can get into early touch with prospective candidates, whilst yet they are medical students, in a way that no non-medical secretary can ever hope to do, and, by so doing, help to guide them along the best line of preparation. In short, the more the matter of this administrative work is looked into, the more does the need and wisdom of securing a medical secretary for the Home Base become apparent. And seeing that there are not a few medical missionary volunteers who, after qualifying, have, for various reasons, been debarred from going to the field, it would seem as if there ought not to be any insuperable difficulty in finding those who might serve in such a capacity.

The second point above alluded to is one with which we feel assured there will be general agreement, viz., that upon Medical Mission committees there should be as large a proportion as possible of Christian medical men and women. It is obvious that the work of such a Committee necessitates and presupposes the counsels of these experts. Clearly their presence upon the Committee is a guarantee that due and adequate regard will be paid to the special problems and methods of Medical Missions. Moreover, it may rightly be assumed that the missionary interest and devotion of the medical men and women in the Home Churches can best be utilised and retained by securing their assistance, in the foregoing way, for the work of their professional colleagues on the Foreign Field. Consequently everything points to both the need and desirability of having several medical members upon committees appointed to administer Medical Missions, and, the fact, mentioned above, that there are to be found hindered medical volunteers in the ranks of the profession at home, should in this respect also afford promise of a sufficiency of material.

And now in summing up the main points around which our consideration of the Home Base of Medical Missions has ranged, we find that they may all be resolved into one outstanding plea for the establishment of Medical Mission Auxiliaries in connection with those missionary societies which carry on medical work. Whether it be for the sake of the interest at home, or whether it is a question of the maintenance and successful prosecution of the work on the Field, the argument for the existence of specific auxiliaries, pledged to the cause of Medical Missions, seems cumulative in its force. The teachings of experience have combined

with the assumptions of theory to support this specialisation at the Home Base. And the three functions of a Medical Mission Auxiliary, which have been briefly sketched, all provide a wealth of opportunity for any who take up the work of such a Home Department. Obviously the call of the hour is thus to strengthen the base of this important section of the missionary enterprise, and we cannot but believe that if that were done, a fresh and conspicuous advance would characteries the whole field of Medical Missions. The present is pre-eminently the moment for the friends of Medical Missions to band themselves together for a great forward crusade, and by the holy bond of a common purpose, to strive mightily for the furtherance of this blessed work. With all the earnestness that we can command, we therefore plead for the organisation of Medical Auxiliaries, and for the delegation to such departments of the responsibility for creating a wide interest, a generous support, and an efficient administration for the agency of Medical Missions.

CHAPTER XII

THE APPEAL OF MEDICAL MISSIONS

"We came into the world to do, and not to dream. Let us then arouse ourselves, let us be workmen for Christ. There is a great work to be done for Him in the world and very few to do it. Let us be among those few."

THROUGHOUT the previous chapters the endeavour has been made to bring into prominence the obvious lessons that are to be deduced from a review of the enterprise of Medical Missions. It now only remains for us to seek to interpret in a few closing words what is the sum of those teachings, the final message that this great work would bear to those whose lot it is to "tarry by the stuff." That Medical Missions have such a message none can doubt. That it is further a message which the Home Churches ought to hear, and ponder well, there can be no room for question. The whole situation of the work is simply pregnant with meaning, and unless the clock is to be put back, it is imperative that there should be an attentive ear on the part of the Church to the appeal that is made.

First then, we submit, *Medical Missions, being what they are and possessing the qualities that they do, cannot be neglected without harm to the missionary enterprise.* It is impossible to avoid this conclusion. The very genius of their ministry is the genius of missions. To deny Medical Missions a place amongst the essential forces of Christian Missions would be to do a great and serious

injury to the spread of the Gospel. Moreover, Medical Missions are the inevitable sequence to the teachings of Christian morality, and to exclude them from the scope of missionary effort would be to render meaningless certain elemental precepts in the ethics of the New Testament. The case for Christian evidence and the cause of philanthropy have both been weakened owing to Medical Missions having been treated in the past as of small moment. The advance of the Gospel amongst Heathen, and particularly amongst Mohammedan nations has been seriously handicapped through the large neglect of this aspect of mission work. No fact is more patent, none more emphatic than that Medical Missions are calculated to occupy a place of undeniable importance in the missionary enterprise. And the message that is borne by them to the men and women who have to stay at the base is certainly the clearest possible affirmation of the truth that Medical Missions cannot be overlooked without inflicting grievous detriment to the whole cause of the evangel.

This assertion receives the greater support when it is remembered how almost immeasurable is the opportunity that Medical Missions present to-day to the servants of Jesus Christ. No one who has given time and thought to a study of the value of this department of missionary effort will deny the existence of such an open door in nearly every direction. Whether it be the situation created by the thirst for education in China, or that afforded by reason of the physical necessities of the people in mission lands, or again that presented through the effete superstitions and ignorant prejudices of Mohammedan and other races, it is manifest, beyond all reach of doubt, that Medical Missions are faced in the present age with magnificent

opportunities for contributing towards the fulfilment of the Saviour's last commission. To confront such a position with an attitude of neglect and indifference would be to act with lamentable disregard to the Redeemer's interests.

Moreover, there is one solemn fact that is to be reckoned with in this relation. The opportunity that exists to-day is by no means an enduring quantity. It cannot be looked upon as an asset which will stand equally good for coming generations. As a matter of fact, everything points the other way. All the indications emphasise the transient and passing character of the opportunity. The doors that are open to-day are not fixed in that position: they are just oscillating on their hinges, and are becoming subjected from the inside to the pressure of forces which are non- or anti-Christian. The one thing for us to remember is that the existence of this present opportunity lays upon us a present responsibility, which, if we are to be true to Our Lord, we must do our utmost to discharge to the full. It is pre-eminently a case where we cannot bequeath an opportunity to our successors, nor leave to them our duty to the present generation. In the providence of God we of the Christian Church to-day have been called to wield the instrument of Medical Missions in a situation of unparalleled and critical opportunity. We have had laid upon us a distinct responsibility which admits of no evasion. We have been charged with a great trust at one of the crises of the ages. Can it be thought that our response to that opportunity, that responsibility, that trust, shall be anything else than unquenchable enthusiasm and whole-hearted personal service?

Then in the second place, *Medical Missions, having*

the work to do which they have, and subjected as is their practice, to conditions at once onerous and exacting, must be efficiently supported. There can hardly be any fact to be deduced from a study of the subject of more moment than this necessity of adequate support. It ranks *pari passu* with the obligation just noted under the previous heading. Indeed, it may well be said that unless Medical Missions are sustained with thoroughness and efficiency, their very prosecution, as has already been seen in an earlier chapter, is scarcely worth the effort put into it. With striking unanimity does every voice in the annals of the enterprise bear testimony to this pre-eminent need. "Send us Medical Missionaries," they cry, "but only if you mean to adequately support them in their work."

And here it is necessary that we should clearly lay stress upon the fact that by support we do not refer alone to financial aid. That is, of course, called for, and in much larger measure than heretofore, but by itself it is by no means everything. To justify the term efficient support there must be understood proper staffing of medical stations, adequate provision of buildings and equipment, wise and sympathetic administration, and a careful utilisation of all available resources, both on the field and at home. All this is requisite, not one item is superfluous, if there is to be that support of Medical Missions which is essential to truly effective work. Efficiency in this, as in other callings, is the secret of success, and it can only be secured by a sufficient measure of all-round support.

Does this sound as if we were stipulating for ideal yet impossible conditions? Does the recapitulation of such terms look as if we were shutting the door on Medical Missions ever attaining their best? We think

not. The resources of the Christian Church are not so depleted nor so lacking in elasticity as to afford no hope of its being able to find what is needed for the efficient maintenance and development of this phase of its foreign work. Christian bodies that can raise big century and sustentation funds for Home work and take in hand large schemes for social service are not faced with the impracticable when the comparatively small demands of their Medical Missions are formulated. We are persuaded that there are ample resources for all that may be needed in that connection, only, and this is an important proviso, those resources need organising. The various functions of the Home Base all require to be brought into active operation, in order that the desired end may be secured. But granted that this is done, and carried through in the spirit of prayer and faith, we have nothing but confidence as to the result.

Moreover, there is one feature of the work of Medical Missions which is full of promise and encouragement, and that is the possibility of obtaining a fair measure of local financial support in the shape of fees and contributions from patients and wealthy natives. It has already been found by experience that local receipts of the above kind can be reckoned upon as a source of revenue at practically all medical stations, which means that the problem of support is not one that is wholly dependent upon the Home Base. In fact in not a few instances the local expenses of a Medical Mission have been largely defrayed by contributions obtained on the spot. Accordingly there is room for considerable hopefulness concerning the future support of this work, and the only point that must again and again be insisted upon is the essential one of *no* inefficiency regarding

which the message of Medical Missions is most clear and definite.

Passing on from this consideration, we find in the third place that *Medical Missions bear witness to a great inadequacy in their representation on the Foreign Field.* This is one of the saddest facts we have to chronicle. The existence of a state of need is sorrowful enough, but the maintenance of that state when there is a supply to meet it is sadder still. And that is, alas, exactly the condition of things on the Mission Field to-day in regard to Medical Missions. The need is an undisguised and terrible reality. The provision to remove it is pathetically inadequate. And all this in an age when there was never more medical science, never more healing skill! Obviously there must be something wrong with the distribution.

Let us take two different sets of facts and examine them for an instant. First, as to the number of doctors in Great Britain and those holding British medical degrees on the Mission Field. Taking for the former figure the returns published in the "Medical Directory" for the current year, the number of medical practitioners in the British Isles is seen to be 32,600, which means roughly that there is one doctor to every 1380 of the population. For the latter figure the statistics given in the January (1913) issue of "Medical Missions at Home and Abroad" will serve admirably and show us that there are 435 medical missionaries practising abroad with British medical qualifications. These are labouring in 26 different fields, and many of them must be in positions where their "medical parish" totals over a million—in several cases yet more. What a striking disparity this reveals between the "Home" and the "Foreign," in regard to the distribution of

medical aid! Can there be any question as to the need of the latter?

Then, secondly, as to the proportion of medical missionaries upon the staff of British Missionary Societies. There are to-day in round figures some 5700 missionaries belonging to some 70 different Societies, carrying on work amongst Heathen and Mohammedan peoples. Amongst this number, as stated above, there are 435 medical missionaries which means in round figures that in every thirteen missionaries there is only one medical missionary. Now when it is remembered how wide is the range of the missionary value of Medical Missions, and how great the scope for their contribution to the forces of the Gospel, is it not patent that the foregoing proportion is in every sense of the word an inadequate one? Even allowing for the obvious fact that there must always be more other missionaries than medical missionaries, can it ever be considered that the present minority of the latter affords sufficient promise of compassing what is needed?

From these two separate points of view it is therefore possible to arrive at one and the same conclusion regarding the inadequacy of the medical missionary representation on the Foreign Field. Indeed, looked at from whatever standpoint may be selected no other finding is conceivable, and the message of Medical Missions resolves itself on this point into a clear and unhesitating plea for a strengthening of the medical agency in the work of Christian missions. The influence of the day when Medical Missions were treated as a side issue has lasted too long. They are supremely an integral element in the propagation of the Christian faith. To tolerate a continuance of their present feeble share in the enterprise would be to display a singular

inaptness in reading the signs of the missionary situation. Let the Christian Church set herself with renewed purpose of heart to rectifying this lack in its efforts for the spread of the Gospel, and the cause of missions will have been re-inforced at one of its most vital and needy points.

And now turning once more to hear what further message this enterprise has to convey, we find finally that *Medical Missions embody in their conception and service a summons to the highest type of young Christian manhood and womanhood.* It is, we suppose, hardly possible to peruse the records of what Medical Missionaries have attempted and accomplished, and what to-day numbers of them are still achieving, without being stirred with the thrill of a great inspiration that would impel one to desire to do likewise. The unwearying devotion that is everywhere conspicuous on behalf of the suffering and the outcast; the skill and patience that are so freely meted out to those in need of help and healing; the willingness for sacrifice that characterises men and women of high talent as they toil on with scant reward, as far as earth is concerned, amongst the loathsome and the low in many of the dark places of the earth. Who can come into contact with such work, however remotely, without being filled with a holy emulation of these servants of Christ, and stirred with something of a like passion!

Then when the mind wanders to the appealing needs that cry aloud for Medical Missions, the conditions of distress and sorrow that present, on so large a scale, the very field for this ministry, how can there be any hesitancy in acknowledging to the full the summons that is borne across the seas for more workers in this vineyard? All that is continually being told by

medical missionary after medical missionary adds force to the undoubted fact of the urgency of the call for the consecration of many more lives to this aspect of Christian service.

Now of necessity this summons comes to the young men and women of the churches in particular. For theirs is the opportunity of life service, theirs the capacity for responding to the great call ere it is too late. And the point we would here emphasise is that this appeal is one which is particularly directed to the highest type of young Christian manhood and womanhood. The magnitude of the work, the demands it makes for the best of brain and heart, the qualities of sound judgment and resourcefulness that it necessitates, the grasp of scientific detail and accurate knowledge that it requires, and the capacity for leadership which is pre-eminently the attribute of every successful Medical Missionary, all mean that there are wanted for this service trained and disciplined minds, fitted by nature and by grace for work that is above the ordinary. Medical Missions present a summons not for the lives and talents which it is thought might be spared, but for those which everything seems to say are needed here at home. The young men and women who have had the advantage of a sound and liberal education, and who to that have added a training in medicine, and who have manifested powers that would mark them out for positions of responsibility, if they remained in the work of the Home Church, they are the ones to whom the call and message of Medical Missions sounds most clearly to-day.

And we must here confess to not a little disappointment that so few of that type seem disposed to take up Medical Missions as a career, or, as it should be said,

fail to respond to the call of God, and to the voice of human need. It has been the privilege of the author to spend a large part of the past decade in speaking on Medical Missions throughout Great Britain, and one of the things that has struck him most is the number of the sons and daughters of good families who are apparently inclined to take up any and every calling save the ministry of the Church at home and abroad. Many of these are adopting medicine as a profession, and the question has again and again suggested itself —Why should they not give themselves to Medical Missions? We are aware, of course, that such a step means a sacrifice, both to them and to their parents, but is there anything in the world worth doing that does not mean sacrifice, and is it not in the very essence of Christianity that "'God the Father' gave," and "'Christ the Son' offered Himself"?

We pass on this summons of Medical Missions to the parents and families of our Christian homes throughout the land. With them, we are assured, lies the possibility of giving such an answer as shall solve for the present generation the problem created by the deficiency of medical missionary candidates. Surely they will not withhold the consecration of their best! Chief amongst the vocations of earth may be placed the noble calling of Medical Missions, unique in its potentialities for doing good, and achieving a twofold service for God and humanity. Sublime in its conception, and altruistic in its beneficent mission, where can there be found a finer life work for the sons and daughters of the Church? Shall it ever be that by turning a deaf ear to such a call, any of those will one day forfeit the Master's "Well done, good and faithful servant. . . . Inasmuch as ye did it unto

one of the least of these my brethren, ye did it unto Me" ?

And so we bring to a close this all too brief and imperfect sketch of the glorious enterprise of Medical Missions. It cannot be pretended that the subject has been more than touched, yet it is hoped that in some small way what has been written may prove of use in deepening interest in this aspect of Missionary work. Three things would the author ask of his Christian readers ere they close their perusal of these pages.

First of all, that they would each and all resolve to give Medical Missions a greater place in their prayers than the subject has ever before occupied. Particularly that they would remember in such a way the medical missionaries and nurses (by name, if known) of the Society with which they are connected, and if it should happen that none of these have yet been added to its staff, pray that this may be brought about speedily. Also that if they themselves, having life before them, might take up training and offer themselves for Medical Mission service, that God will clearly reveal His will and make both them and their parents willing to fall in line with His purpose.

Secondly, that every reader would make it his earnest endeavour to influence and interest all and whomsoever he may, whether it be a church, a Sunday school, a Bible class, a young peoples' society, a circle of friends or Christian medical students, or at any rate some individual, in the work of Medical Missions. This may be done in various ways, in part it is hoped by the utilisation of material contained in these pages, but whilst the method adopted may differ, there can be no doubt as to the value of seeking to help the work herein described.

Thirdly, that each reader would decide to have some practical share in the support of Medical Missions. Many already, we do not doubt, will have taken that step, but perhaps they may feel led to take a larger share. And in the case of the many who have never yet indicated any special practical sympathy with Medical Missions, and who might do so, it is earnestly hoped that from this moment onward they will liberally subscribe to the support of the Medical Missions of their own Society. Enough has been said to make clear the necessity for such support, and all that need here be added is to say that the funds in aid of Medical Missions are without exception very inadequate, and unable to allow of such a response, as could be wished, being made at present to the clamant appeals for the more efficient development of this ministry of healing. Need we recall the fact that the Christ who gave the commission to "Preach and Heal" also laid upon His disciples the injunction, "Freely ye have received, freely give."

May Our blessed Lord so fill us with His Holy Spirit, and so constrain us with the memory of His undying Love, that, like Him, we shall be "moved with compassion" as we hear of those needy suffering multitudes across the seas, and count it our blessed privilege to go ourselves, if that be possible; if not, to send forth others, as He once did, to heal their sick.

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